ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Sarah Bush Lincoln ICU Bed Expansion
Street Address: 1000 Health Center Drive
City and Zip Code: Mattoon 61938
County: Coles Health Service Area: 4 Health Planning Area: D-05

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Sarah Bush Lincoln Health Center
Street Address: 1000 Health Center Drive
City and Zip Code: Mattoon 61938
Name of Registered Agent: Mr. Jerry Esker
Registered Agent Street Address: 1000 Health Center Drive
Registered Agent City and Zip Code: Mattoon 61938
Name of Chief Executive Officer: Mr. Jerry Esker, President and Chief Executive Officer
CEO Street Address: 1000 Health Center Drive
CEO City and Zip Code: Mattoon 61938
CEO Telephone Number: 217-258-2572

Exact Legal Name: Sarah Bush Lincoln Health System
Street Address: 1000 Health Center Drive
City and Zip Code: Mattoon 61938
Name of Registered Agent: Mr. Jerry Esker
Registered Agent Street Address: 1000 Health Center Drive
Registered Agent City and Zip Code: Mattoon 61938
Name of Chief Executive Officer: Mr. Jerry Esker, President and Chief Executive Officer
CEO Street Address: 1000 Health Center Drive
CEO City and Zip Code: Mattoon 61938
CEO Telephone Number: 217-258-2572

Type of Ownership of Applicants

- ☒ Non-profit Corporation
- ☐ For-profit Corporation
- ☐ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Ms. Kim Uphoff
Title: Vice President of Operations
Company Name: Sarah Bush Lincoln Health Center
Address: 1000 Health Center Drive, Mattoon, IL 61938
Telephone Number: 217-258-2163
E-mail Address: kuphoff@sblhs.org
Fax Number: 217-258-2482

Additional Contact [Person who is also authorized to discuss the application for permit]

Name: Ms. Marsha Haldorsen
Title: Director of Planning and Business Development
Company Name: Sarah Bush Lincoln Health Center
Address: 1000 Health Center Drive, Mattoon, IL 61938
Telephone Number: 217-258-4169
E-mail Address: mhaldorsen@sblhs.org
Fax Number: 217-258-4135

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960]**

Name: Ms. Kim Uphoff
Title: Vice President of Operations
Company Name: Sarah Bush Lincoln Health Center
Address: 1000 Health Center Drive, Mattoon, IL 61938
Telephone Number: 217-258-2163
E-mail Address: kuphoff@sblhs.org
Fax Number: 217-258-2482

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Sarah Bush Lincoln Health Center
Address of Site Owner: 1000 Health Center Drive, Mattoon, IL 61938
Street Address or Legal Description of the Site: 1000 Health Center Drive, Mattoon, IL 61938 **Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.**
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Sarah Bush Lincoln Health Center

Address: 1000 Health Center Drive, Mattoon IL 61938

☒	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☐	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at **www.FEMA.gov** or **www.illinoisfloodmaps.org. This map must be in a readable format**. In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 **(http://www.hfsrb.illinois.gov)**. **NOTE:** A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.

APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification :

☐ Substantive

☒ Non-substantive

2. Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

Sarah Bush Lincoln Health Center proposes to construct a two-story addition to its hospital facility located at 1000 Health Center Drive in Mattoon. The project also proposes modernization of space adjacent to the new addition in order to connect the addition to the existing hospital. The project includes approximately 44,426 square feet of new construction and 17,011 square feet of renovated space. Project cost is expected to be $31,180,602 and will be funded with bond financing.

The project includes the following Clinical Service Areas:

- Expansion of the Intensive Care category of service by constructing new space that will allow for an increase in total licensed bed capacity from 9 beds to 14 beds
- Construction of new space and renovation of existing space that will create space for 15 medical-surgical beds for which Sarah Bush Lincoln Health Center is licensed; space currently occupied by the 15 medical-surgical beds will be used as a dedicated observation unit

The project also includes the following Non-Clinical Service Areas:

- Construction of new space and renovation of existing space to expand meeting rooms, add a multidisciplinary training center and relocate offices for Employee and Organizational Development and Clinical Education staff
- Renovation of existing space to expand space for Materials Management

Floor plans for the project are found on the following pages.

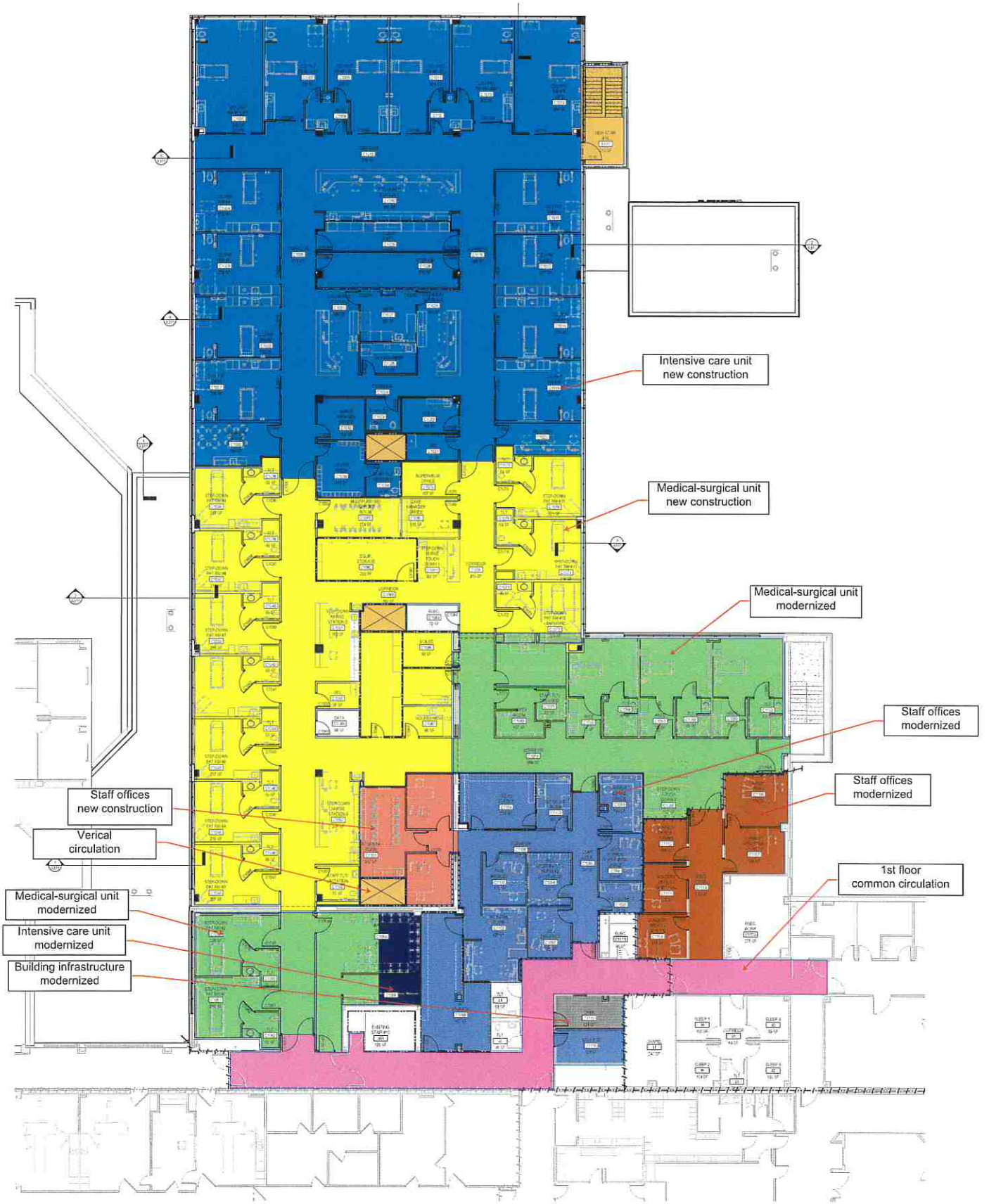
The Intensive Care category of service is part of this project. The project will result in an increase of 5 authorized Intensive Care beds.

This project is "non-substantive" in accordance with 20 ILCS 3960/12 because it does not include an increase in the total number of beds by more than 10% of Sarah Bush Lincoln Health Center's total bed capacity.

#21-027

First floor to include new and modernized space for:

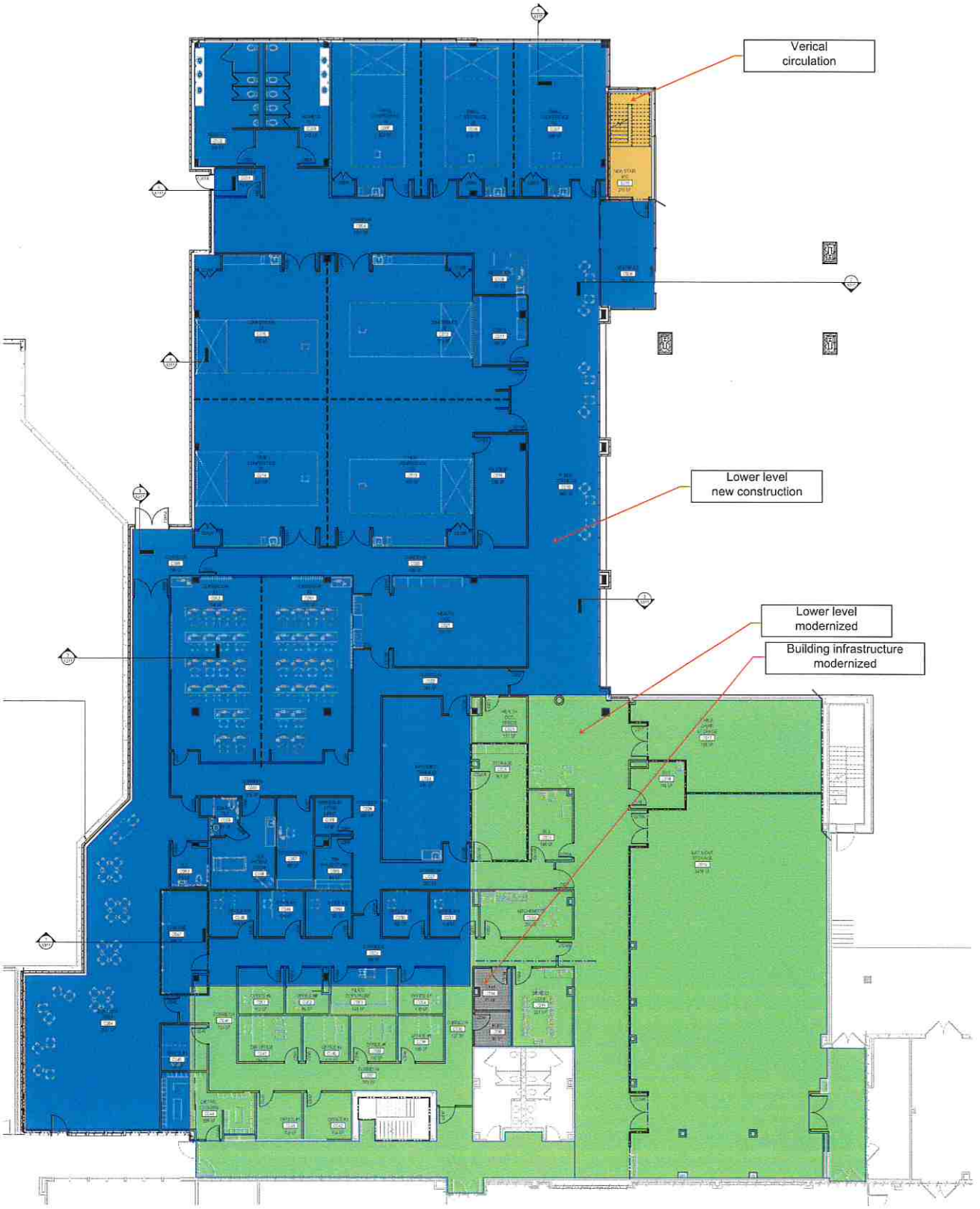
- Intensive care unit
- Medical surgical unit
- Staff offices



#21-027

Ground floor to include new and modernized space for:

- **Conference center**
- **Clinical education**
- **Materials management**
- **Staff lockers**



Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs to Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS			
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS			

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Related Project Costs
Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
☐ Yes ☒ No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is $ _____.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☒ Preliminary
☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): December 2024

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):

☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies
☒ Financial Commitment will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable?
☒ Cancer Registry
☒ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Not Reviewable Space [i.e. non-clinical]: *means an area for the benefit of the patients, visitors, staff or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility. "Non-clinical service areas" include, but are not limited to, chapels; gift shops; newsstands; computer systems; tunnels, walkways, and elevators; telephone systems; projects to comply with life safety codes; educational facilities; student housing; patient, employee, staff, and visitor dining areas; administration and volunteer offices; modernization of structural components (such as roof replacement and masonry work); boiler repair or replacement; vehicle maintenance and storage facilities; parking facilities; mechanical systems for heating, ventilation, and air conditioning; loading docks; and repair or replacement of carpeting, tile, wall coverings, window coverings or treatments, or furniture. Solely for the purpose of this definition, "non-clinical service area" does not include health and fitness centers.* [20 ILCS 3960/3]

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON-REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available. Include observation days in the patient day totals for each bed service.** Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: Sarah Bush Lincoln Health Center		**CITY: Mattoon**			
REPORTING PERIOD DATES:		**From: January 1, 2020**	**to: December 31, 2020**		
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical	93	5185	22653	0	93
Obstetrics	19	794	1919	0	19
Pediatrics	6	60	191	0	6
Intensive Care	9	353	2040	+5	14
Comprehensive Physical Rehabilitation	0	0	0	0	0
Acute/Chronic Mental Illness	18	833	4319	0	18
Neonatal Intensive Care	0	0	0	0	0
General Long-Term Care	0	0	0	0	0
Specialized Long-Term Care	0	0	0	0	0
Long Term Acute Care	0	0	0	0	0
Other ((identify)	0	0	0	0	0
TOTALS:	145	7225	31122	+5	150

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of ____Sarah Bush Lincoln Health Center___* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

Jerry Esker
SIGNATURE

JERRY ESKER
PRINTED NAME

PRESIDENT + CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 16 day of August, 2021

Suellen Ebbert
Signature of Notary

Seal

SUELLEN EBBERT
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
August 29, 2022

Tina Stovall
SIGNATURE

Tina Stovall
PRINTED NAME

Board Chair
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 18 day of August, 2021

Suellen Ebbert
Signature of Notary

Seal

SUELLEN EBBERT
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
August 29, 2022

*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION

This Section is applicable to the discontinuation of a health care facility or the discontinuation of more than one category of service in a 6-month period. If the project is solely for a discontinuation of a health care facility the **Background of the Applicant(s) and Purpose of Project MUST** be addressed. **A copy of the Notices listed in Item 7 below MUST be submitted with this Application for Discontinuation https://www.ilga.gov/legislation/ilcs/documents/002039600K8.7.htm**

Criterion 1110.290 – Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that are to be discontinued.
2. Identify all the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.
6. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.
7. **For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to filing of the application.**
8. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.290(b) for examples.

IMPACT ON ACCESS

1. Document whether the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within the **geographic service area**.

Or

APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.

3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.

    a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.

    b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction and submit any police or court records regarding any matters disclosed.

    c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.

    d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.

    e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.

4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**

5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant can submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1110.110(b) & (d)

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.

APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

1) Identify **ALL** the alternatives to the proposed project:

Alternative options **must** include:

A) Proposing a project of greater or lesser scope and cost;

B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;

C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and

D) Provide the reasons why the chosen alternative was selected.

2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**

2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:

   a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.

   b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.

   c. The project involves the conversion of existing space that results in excess square footage.

   d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT 14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT 15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.

2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function.

3. Evidence that the shell space is being constructed due to:
   a. Requirements of governmental or certification agencies; or
   b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.

4. Provide:
   a. Historical utilization for the area for the latest five-year period for which data is available; and
   b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.

2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and

3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION V. SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing the establishment, expansion or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion, and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria and provide the required information APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

A. Criterion 1110.200 - Medical/Surgical, Obstetric, Pediatric and Intensive Care

1. Applicants proposing to establish, expand and/or modernize the Medical/Surgical, Obstetric, Pediatric and/or Intensive Care categories of service must submit the following information:

2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
☐ Medical/Surgical	93	93
☐ Obstetric	19	19
☐ Pediatric	6	6
☒ Intensive Care	9	14

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.200(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.200(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.200(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.200(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.200(b)(5) - Planning Area Need - Service Accessibility	X		
1110.200(c)(1) - Unnecessary Duplication of Services	X		
1110.200(c)(2) - Maldistribution	X	X	
1110.200(c)(3) - Impact of Project on Other Area Providers	X		
1110. 200(d)(1), (2), and (3) - Deteriorated Facilities			X
1110.200(d)(4) - Occupancy			X

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.200(e) - Staffing Availability	X	X	
1110.200(f) - Performance Requirements	X	X	X
1110.200(g) - Assurances	X	X	

APPEND DOCUMENTATION AS ATTACHMENT 18, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	
2	Site Ownership	
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	
5	Flood Plain Requirements	
6	Historic Preservation Act Requirements	
7	Project and Sources of Funds Itemization	
8	Financial Commitment Document if required	
9	Cost Space Requirements	
10	Discontinuation	
11	Background of the Applicant	
12	Purpose of the Project	
13	Alternatives to the Project	
14	Size of the Project	
15	Project Service Utilization	
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
	Service Specific:	
18	Medical Surgical Pediatrics, Obstetrics, ICU	
19	Comprehensive Physical Rehabilitation	
20	Acute Mental Illness	
21	Open Heart Surgery	
22	Cardiac Catheterization	
23	In-Center Hemodialysis	
24	Non-Hospital Based Ambulatory Surgery	
25	Selected Organ Transplantation	
26	Kidney Transplantation	
27	Subacute Care Hospital Model	
28	Community-Based Residential Rehabilitation Center	
29	Long Term Acute Care Hospital	
30	Clinical Service Areas Other than Categories of Service	
31	Freestanding Emergency Center Medical Services	
32	Birth Center	
	Financial and Economic Feasibility:	
33	Availability of Funds	
34	Financial Waiver	
35	Financial Viability	
36	Economic Feasibility	
37	Safety Net Impact Statement	
38	Charity Care Information	
39	Flood Plain Information	

#21-027

File Number 4966-526-1

STATE OF ILLINOIS

OFFICE OF

THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SARAH BUSH LINCOLN HEALTH CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 18, 1970, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 8TH *day of* JULY *A.D.* 2021 .

Authentication #: 2118902694 verifiable until 07/08/2022
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

Attachment 1

#21-027

File Number 5306-585-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SARAH BUSH LINCOLN HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 25, 1983, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 8TH *day of* JULY *A.D.* 2021 .

Authentication #: 2118902780 verifiable until 07/08/2022
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

Attachment 1

Lawyers Title Insurance Corporation

NATIONAL HEADQUARTERS
RICHMOND, VIRGINIA

[illegible] INSURANCE COMMITMENT
SCHEDULE A

1. Commitment Date: March 28, 1996 @ 8:00 A.M. Case No. 9603172

2. Policy (or policies) to be issued:
(a) Amount: $To Be Determined

X ALTA Owner's Policy - (10-17-92)

Proposed Insured:

To Be Determined

(b) ALTA Loan Policy - (10-17-92) Amount: $NONE

Proposed Insured:

NONE

3. Fee Simple interest in the land described in this Commitment is owned, at the Commitment Date, by:

[illegible]ah Bush Lincoln Health Center FKA Area E-7 Hospital Association

4. The land referred to in this Commitment is described as follows:

(SEE NEXT PAGE FOR LEGAL DESCRIPTION)

Countersigned at: Mattoon, Illinois Commitment No. 9603172
Schedule A - Page 1

CRITES TITLE COMPANY, INC.

Attachment 2

Lawyers Title Insurance Corporation

NATIONAL HEADQUARTERS
RICHMOND, VIRGINIA

LEGAL DESCRIPTION - CASE NO. 9603172

BEGINNING AT A POINT ON THE EAST LINE OF THE WEST HALF (W.1/2) OF THE NORTHEAST QUARTER (NE.1/4) OF SECTION 14, TOWNSHIP 12 NORTH, RANGE 8 EAST OF THE THIRD PRINCIPAL MERIDIAN, SAID POINT BEING 1857.33 FEET SOUTH OF THE NORTHEAST CORNER OF THE WEST HALF (W.1/2) OF SAID NORTHEAST QUARTER (NE.1/4); THENCE NORTH 89 DEGREES 58 MINUTES 29 SECONDS WEST 259.96 FEET; THENCE SOUTH 21 DEGREES 15 MINUTES EAST 90.00 FEET; THENCE NORTH 89 DEGREES 58 MINUTES 29 SECONDS WEST 53.25 FEET; THENCE NORTH 21 DEGREES 15 MINUTES WEST 90.00 FEET; THENCE NORTH 89 DEGREES 58 MINUTES 29 SECONDS WEST 279.00 FEET; THENCE SOUTH 0 DEGRRES 01 MINUTES 31 SECONDS WEST 149.00 FEET; THENCE NORTH 89 DEGREES 58 MINUTES 29 SECONDS WEST 304.00 FEET; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS EAST 134.76 FEET; THENCE SOUTH 81 DEGREES 30 MINUTES WEST 83.94 FEET; THENCE SOUTH 33 DEGREES 45 MINUTES WEST 275.00 FEET; THENCE NORTH 89 DEGREES 58 MINUTES 29 SECONDS WEST 80.00 FEET; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS EAST 75.46 FEET; THENCE SOUTH 89 DEGREES 58 MINUTES 29 SECONDS EAST 61.75 FEET; THENCE NORTH 33 DEGREES 45 MINUTES EAST 180.00 FEET; THENCE SOUTH 81 DEGREES 30 MINUTES WEST 192.17 FEET TO A POINT ON THE EAST RIGHT-OF-WAY LINE OF COUNTY HIGHWAY 1; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS 71.05 FEET ALONG SAID RIGHT-OF-WAY LINE; THENCE NORTH 81 DEGREES 30 TES EAST 84.80 FEET; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS EAST 4. 78 FEET; THENCE NORTH 89 DEGREES 58 MINUTES 29 SECONDS WEST 83.86 FEET TO A POINT ON THE EAST RIGHT-OF-WAY LINE OF COUNTY HIGHWAY 1; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS EAST 360.00 FEET ALONG SAID EAST RIGHT-OF-WAY LINE; THENCE SOUTH 89 DEGREES 58 MINUTES 29 SECONDS EAST 365.00 FEET; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS EAST 90.00 FEET; THENCE SOUTH 89 DEGREES 58 MINUTES 29 SECONDS EAST 132.39 FEET; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS EAST 109.53 FEET; THENCE NORTH 89 DEGREES 58 MINUTES 29 SECONDS WEST 497.39 FEET TO A POINT ON THE EAST RIGHT-OF-WAY LINE OF COUNTY HIGHWAY 1; THENCE NORTH 0 DEGREES 01 MINUTES 31 SECONDS EAST 285.00 FEET ALONG SAID EAST RIGHT-OF-WAY LINE; THENCE SOUTH 89 DEGREES 58 MINUTES 29 SECONDS EAST 985.89 FEET; THENCE SOUTH 0 DEGREES 01 MINUTES 31 SECONDS WEST 422.20 FEET; THENCE SOUTH 89 DEGREES 58 MINUTES 29 SECONDS EAST 252.28 FEET TO A POINT ON THE EAST LINE OF THE WEST HALF (W.1/2) OF SAID NORTHEAST QUARTER (NE.1/4); THENCE SOUTH 0 DEGREES 06 MINUTES 11 SECONDS EAST 936.00 FEET ALONG SAID EAST LINE TO THE POINT OF BEGINNING, ALL SITUATED IN THE WEST HALF (W.1/2) OF THE NORTHEAST QUARTER (NE.1/4) OF SECTION 14, TOWNSHIP 12 NORTH, RANGE 8 EAST OF THE THIRD PRINCIPAL MERIDIAN, COLES COUNTY, ILLINOIS.

Attachment 2

Lawyers Title
Insurance Corporation

NATIONAL HEADQUARTERS
RICHMOND, VIRGINIA

Schedule B - Section 2
Exceptions

ny policy issued will have the following exceptions unless they are isposed of to our satisfaction.

. Defects, liens, encumbrances, adverse claims or other matters, if any, reated, first appearing in the public records or attaching subsequent to ne effective date hereof but prior to the date the proposed insured cquires for value of record the estate or interest or mortgage thereon overed by this Commitment.

. Rights or claims of parties in possession, boundary line disputes, erlaps, encroachments, and any other matters not shown by the public cords which would be disclosed by an accurate survey and inspection of e land described in Schedule A. You are not insured against the rced removal of any structure on account of the matters referred to this exception.

Easements, or claims of easements, not shown by the public records.

Liens on your title, arising now or later, for labor or material ied before or after the date of this policy, which are imposed by not filed in the public records.

Taxes or assessments which are not shown as existing liens by either public records or the records of any taxing authority that levies es or assessments on real property.

Taxes for 1995, due and payable in 1996, and for all subsequent years.

Rights of Way for drainage ditches, drain tiles, feeders, laterals underground pipes, if any.

Any and all rights of the People of the State of Illinois, County of as or other municipality for any part of said premises described in edule "A" being used or taken by right of way or dedication for highway. ublic road purposes.

Title to all minerals, including, oil, gas and coal within and rlying the premises, including mortgages and mineral deeds thereon, ther with all mining and drilling rights or other rights, privileges immunities relating thereto.

Subject to Right of Way Grant to Central Illinois Public Service any, filed for record in the office of the Recorder of Coles County, nois, September 26, 1994, in Miscellaneous Record 894 Page 3, ting the right to construct, operate, maintain and repair a gas sion and distribution system over and across part of said premises.

Lawyers Title Insurance Corporation

NATIONAL HEADQUARTERS
RICHMOND, VIRGINIA

.0. Security Interest, if any, of Helena Laboratories as disclosed by inancing Statement #95-51, filed for record January 11, 1995, covering quipment.

1. Security Interest, if any, of Cerner Corporation as disclosed by inancing Statement #94-66, filed for record January 19, 1994, covering omputer system.

2. Security Interest, if any, of Citizens Fidelity Bank and Trust Company disclosed by Financing Statement #92-462, filed for record May 8, 1992, vering equipment.

. Subject to the interest of Illinois Health Facilities Authority by ason of a UCC-1 fixture filing executed by Sarah Bush Lincoln Health nter, December 15, 1994 as #94-1387 and indexed in the Mortgage Records Document #572011.

Subject to Right of Way Grant to Central Illinois Public Service pany, filed for record, June 18, 1975, in Deed Record 484 at Page granting the right to construct, operate, maintain and repair a gas ssion pipeline and appurtenances over and across part of said lands.

bject to Easement and Agreement by and between Area E-7 Hospital ociation and Coles-Moultrie Electric Cooperative, filed for record June 1977 in Deed Record 502 at Page 477, granting the right to construct electric transmission line and appurtenances over and across part of lands and a temporary construction easement over and across part of lands. (SEE RECORD)

Subject to Rights of the United States of America and the State of nois, or either of them, to recover any public funds advanced under er or both the provisions of the "Hill-Burton" Act (Title 42 C.ss291 et seq.) or the "Illinois Hospital Construction Act" (Ill. Stat., CH 23, pars. 1301 et seq.)

Tile Line and Agreement and Easement by and between Area E-7 Hospital iation and the First National Bank, Mattoon, Illinois, Trustee, Trust 23, filed for record November 14, 1980 in Misc. Record 561 at Page

ubject to Right of Way Permit to Illinois Consolidated Telephone ny, filed for record November 13, 1981 in Misc. Record 581 at Page ranting the right to construct, operate, maintain and repair ication lines and appurtenances over and across part of said lands.

Attachment 2

Attachment 2

Lawyers Title
Insurance Corporation

NATIONAL HEADQUARTERS
RICHMOND, VIRGINIA

19. Easement and Grant to Drainage District No. 1 of the Township of Lafayette, filed for record October 15, 1962 in Misc. Record 598 at Page ., subject to its terms and provisions. (SEE RECORD)

0. Easement and Grant to Drainage District No. 1 of the Township of afayette, filed for record February 10, 1983 in Misc. Record 604 at Page 4, subject to its terms and provisions. (SEE RECORD)

1. Public utility easements and appurtenances as disclosed by survey of ate, March 2, 1984, signed by Fred L. Frick IRLS #2645.

2. Public utility easements and appurtenances as disclosed by survey of ite, April 6, 1992, signed by William A. Boyd IRLS #2440.

. Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #87-336, filed for record March 12, 87, and CONTINUED February 26, 1992, covering collateral under Lease. EE RECORD)

Security Interest, if any, of Citizens Fidelity Bank & Trust Company, closed by Financing Statement #87-535, filed for record April 30, CONTINUED April 6, 1992 as F/S #92-286, covering one (1) Mag Tape tem 3422 and one (1) Power Warning Feature.

Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #87-536, filed for record April 30, 7, CONTINUED April 6, 1992 as F/S #92-287, covering collateral under se. (SEE RECORD)

Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #87-721, filed for record June 26, 7, covering collateral under Lease. (SEE RECORD) CONTINUED May 22, 2, as F/S #92-521, and CONTINUED June 25, 1992 as F/S #92-682.

Attachment 2

Lawyers Title
Insurance Corporation

NATIONAL HEADQUARTERS
RICHMOND, VIRGINIA

7. Security Interest, if any, of Citizens Fidelity Bank & Trust Company, s disclosed by Financing Statement #87-789, filed for record July 23, 87, covering collateral under Lease. (SEE RECORD) CONTINUED June 25, 92 as F/S #92-683.

. Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #87-1367, filed for record October 16, 87, covering collateral under Lease. (SEE RECORD) CONTINUED September 1992 as F/S #92-964.

. Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #87-1607, filed for record December 3, 37, covering collateral under Lease. (SEE RECORD) CONTINUED November 1992 as F/S #92-1352.

Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #88-149, filed for record February 22, 8, covering collateral under Lease. (SEE RECORD) CONTINUED January 1993 as F/S #93-79.

urity Interest, if any, of Citizens Fidelity Bank & Trust Company, osed by Financing Statement #88-349, filed May 6, 1988, covering eral under Lease. (SEE RECORD) CONTINUED April 28, 1993 as F/S -479.

Security Interest, if any, of Citizens Fidelity Bank & Trust Company, disclosed by Financing Statement #88-867, filed November 21, 1988, ring collateral under Lease. (SEE RECORD) CONTINUED October 13, 1993 /S #93-1028.

****

Schedule B - Section 2 - Page 4 - Commitment No. 9603172

Commitment is invalid unless the Insuring Provisions and Schedule A are attached.

Attachment 2

#21-027

File Number 4966-526-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SARAH BUSH LINCOLN HEALTH CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 18, 1970, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 8TH *day of* JULY *A.D.* 2021 .

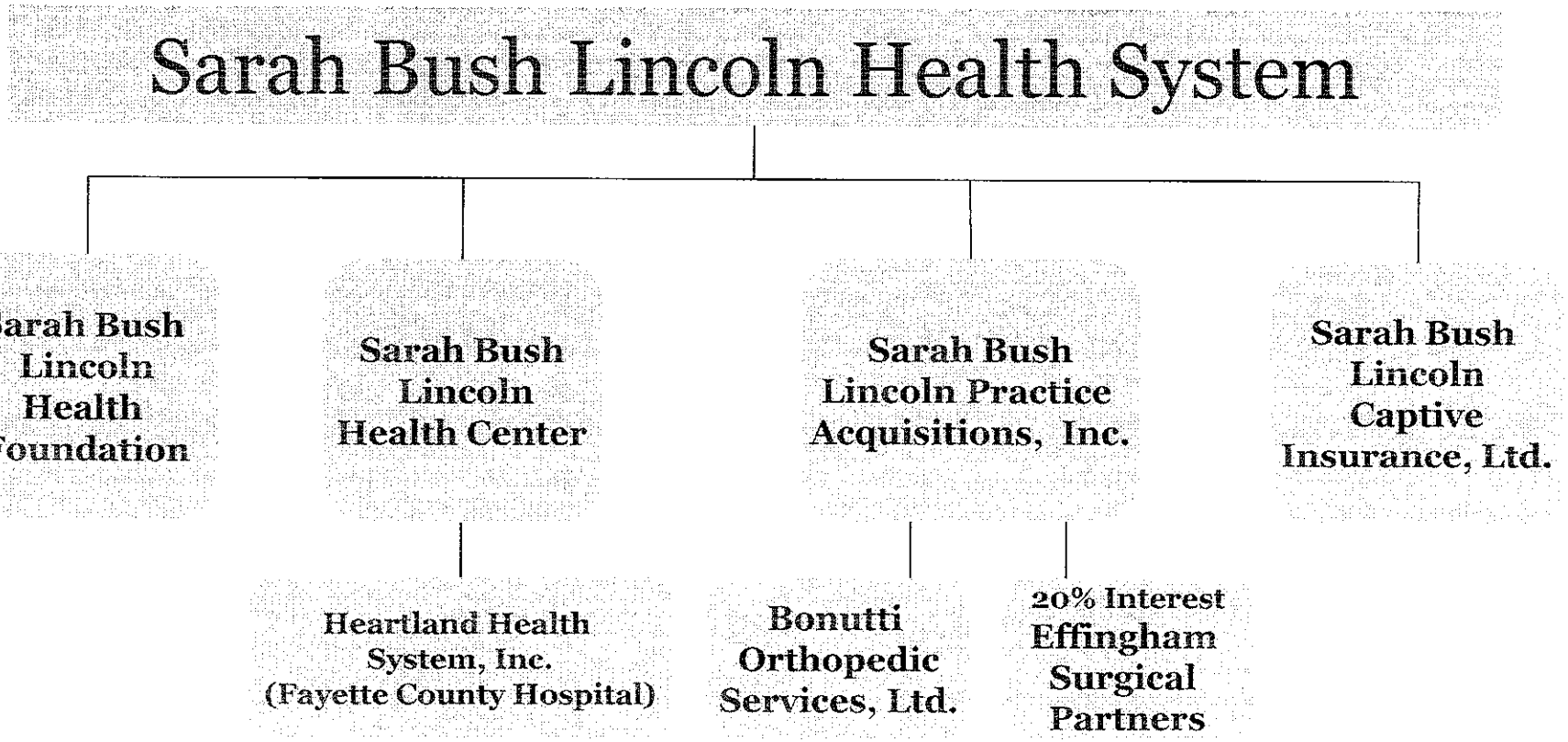
Authentication #: 2118902694 verifiable until 07/08/2022
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

Attachment 3

CORPORATE STRUCTURE



#21-027

Attachment 4

#21-027

Sarah Bush Lincoln
Trusted Compassionate Care

August 6, 2021

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: Compliance with Requirements of Illinois Executive Order #2006-5

Dear Ms. Avery,

I am the applicant representative of Sarah Bush Lincoln Health Center. Sarah Bush Lincoln Health Center is the owner of the hospital site for the proposed expansion of the intensive care unit.

I hereby attest that this site is not located on a flood plain, as identified by the most recent FEMA National Flood Hazard Layer FIRMette. This location complies with the requirements of Illinois Executive Order #2006-5.

Sincerely,

Jerry Esker
President and Chief Executive Officer

National Flood Hazard Layer FIRMette

FEMA

88°16'35"W 39°29'27"N

88°15'57"W 39°28'59"N

0 250 500 1,000 1,500 2,000 Feet

1:6,000

Basemap: USGS National Map: Orthoimagery: Data refreshed October, 2020

Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS	Without Base Flood Elevation (BFE) Zone A, V, A99
	With BFE or Depth Zone AE, AO, AH, VE, AR
	Regulatory Floodway
OTHER AREAS OF FLOOD HAZARD	0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
	Future Conditions 1% Annual Chance Flood Hazard Zone X
	Area with Reduced Flood Risk due to Levee. See Notes. Zone X
	Area with Flood Risk due to Levee Zone D
OTHER AREAS	NO SCREEN Area of Minimal Flood Hazard Zone X
	Effective LOMRs
	Area of Undetermined Flood Hazard Zone D
GENERAL STRUCTURES	Channel, Culvert, or Storm Sewer
	Levee, Dike, or Floodwall
OTHER FEATURES	20.2 Cross Sections with 1% Annual Chance
	17.5 Water Surface Elevation
	Coastal Transect
	513 Base Flood Elevation Line (BFE)
	Limit of Study
	Jurisdiction Boundary
	Coastal Transect Baseline
	Profile Baseline
	Hydrographic Feature
MAP PANELS	Digital Data Available
	No Digital Data Available
	Unmapped

N

The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 7/27/2021 at 2:16 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

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Attachment 5

#21-027

#21-027

Sarah Bush Lincoln

Trusted Compassionate Care

July 9, 2021

Illinois Historic Preservation Agency
Preservation Services Division
1 Old State Capitol Plaza
Springfield, Illlinois 67201

To whom it may concern:

In accordance with the requirements of the Illinois State Agency Historic Resources Preservation Act, the Health Facilities Services and Review Board is required to advise the Historic Preservation Agency (HPA) of any projects that could affect historic resources. Specifically, the Preservation Act provides for a review by the HPA to determine if certain projects may impact historic resources.

Sarah Bush Lincoln Health Center plans to request a certificate of need permit from the Illinois Health Facilities Services and Review Board for a project which includes new construction and renovation of existing space.

The proposed space will consist of approximately 37,389 square feet of new construction and 21,500 square feet of renovated space. The project includes adding and renovating space for 20 inpatient beds on the first floor. New and existing space directly underneath the first floor project area will be used to expand educational and materials management facilities.

The address for the project will be 1000 Health Center Drive, Mattoon IL 61938, which is the current address for Sarah Bush Lincoln Health Center.

A map is enclosed showing the general location of the project (in red).

Photographs of the existing building within the project area are attached.

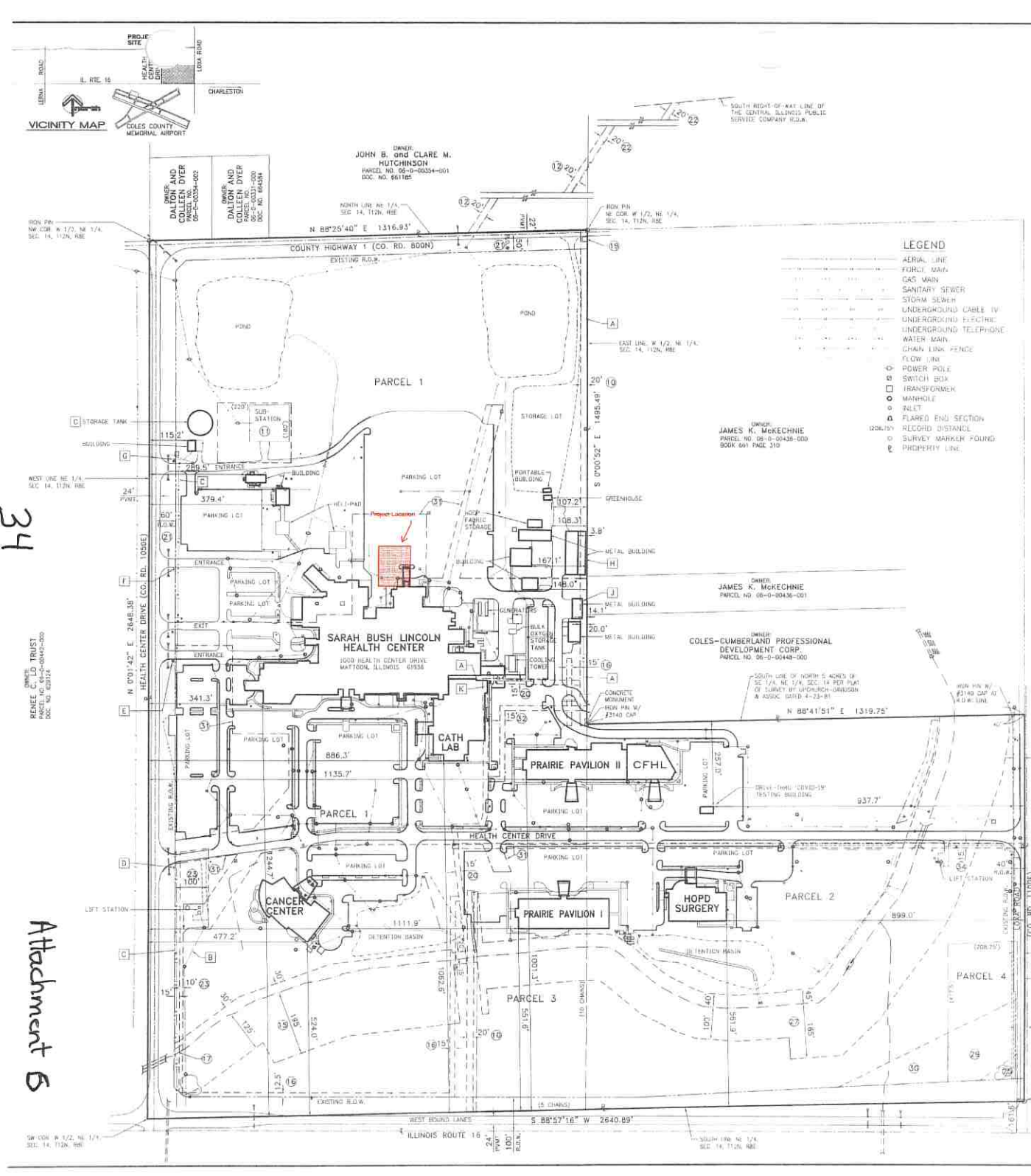
Please provide a determination letter concerning the applicability of the Preservation Act and comments relating to this project to: Marsha Haldorsen, Director of Planning, Sarah Bush Lincoln Health Center, 1000 Health Center Drive, Mattoon, IL 61938, so that it may be included with the submission of the application for permit to the Health Facilities Services and Review Board.

Thank you for your consideration of this request. If you have any questions, please contact me at 217-258-4169.

Sincerely,

Marsha Haldorsen

Marsha Haldorsen
Director of Planning
Sarah Bush Lincoln Health Center



LEGAL DESCRIPTION

PARCEL 1:

THE WEST HALF OF THE NORTHEAST QUARTER OF SECTION 14, TOWNSHIP 12 NORTH, RANGE 8 EAST OF THE THIRD PRINCIPAL MERIDIAN.

EXCEPT THEREFROM THE FOLLOWING DESCRIBED TRACT: PART OF THE SOUTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 14, TOWNSHIP 12 NORTH, RANGE 8 EAST OF THE THIRD PRINCIPAL MERIDIAN, BEGINNING AT THE SOUTHEAST CORNER OF SAID SOUTHWEST QUARTER OF THE NORTHEAST QUARTER, THENCE NORTH 10 CHAINS, THENCE WEST 5 CHAINS, THENCE SOUTH 10 CHAINS, THENCE EAST 5 CHAINS TO THE PLACE OF BEGINNING.

EXCEPTING THEREFROM ANY INTEREST OR ESTATE IN THE MINERALS UNDERLYING THE SURFACE OF THE LAND WHICH MAY HAVE BEEN THERETOFORE CONVEYED OR RESERVED, AND ALL RIGHTS AND EASEMENTS IN FAVOR OF ANY SUCH MINERAL INTEREST OR ESTATE.

PARCEL 2:

THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 14, TOWNSHIP 12 NORTH, RANGE 8 EAST OF THE THIRD PRINCIPAL MERIDIAN.

EXCEPT 5 ACRES OFF THE NORTH SIDE THEREOF.

AND EXCEPT: BEGINNING AT THE POINT WHERE THE NORTH RIGHT-OF-WAY LINE OF THE FREEWAY OF ILLINOIS ROUTE 16 INTERSECTS WITH THE WEST RIGHT-OF-WAY LINE OF THE NORTH-SOUTH ROAD ALONG THE EAST SIDE OF THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 14, TOWNSHIP 12 NORTH, RANGE 8 EAST OF THE THIRD PRINCIPAL MERIDIAN; THENCE NORTH 417.5 FEET; THENCE WEST 208.75 FEET; THENCE SOUTH 417.5 FEET; THENCE EAST 208.75 FEET TO THE POINT OF BEGINNING.

AND EXCEPT THAT PART THEREOF CONVEYED TO COLES COUNTY OF CHARLESTON ILLINOIS BY INSTRUMENT FILED FOR RECORD AUGUST 8, 2000 IN THE OFFICE OF THE RECORDER OF COLES COUNTY, ILLINOIS, AS DOCUMENT NUMBER 628078.

EXCEPTING THEREFROM ANY INTEREST OR ESTATE IN THE MINERALS UNDERLYING THE SURFACE OF THE LAND WHICH MAY HAVE BEEN HERETOFORE CONVEYED OR RESERVED, AND ALL RIGHTS AND EASEMENTS IN FAVOR OF ANY SUCH MINERAL INTEREST OR ESTATE.

PARCEL 3:

PART OF THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 14, TOWNSHIP 12 NORTH, RANGE 8 EAST OF THE THIRD PRINCIPAL MERIDIAN, BEGINNING AT THE SOUTHEAST CORNER OF SAID SOUTHWEST QUARTER OF THE NORTHEAST QUARTER; THENCE NORTH 10 CHAINS; THENCE WEST 5 CHAINS; THENCE SOUTH 10 CHAINS; THENCE EAST 5 CHAINS TO THE PLACE OF BEGINNING.

EXCEPTING THEREFROM ANY INTEREST OR ESTATE IN THE MINERALS UNDERLYING THE SURFACE OF THE LAND WHICH MAY HAVE BEEN HERETOFORE CONVEYED OR RESERVED, AND ALL RIGHTS AND EASEMENTS IN FAVOR OF ANY SUCH MINERAL INTEREST OR ESTATE.

PARCEL 4:

BEGINNING AT THE POINT WHERE THE NORTH RIGHT-OF-WAY LINE OF THE FREEWAY OF ILLINOIS ROUTE 16 INTERSECTS WITH THE WEST RIGHT-OF-WAY LINE OF THE NORTH-SOUTH ROAD ALONG THE EAST SIDE OF THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 14, TOWNSHIP 12 NORTH, RANGE 8 EAST OF THE THIRD PRINCIPAL MERIDIAN; THENCE NORTH 417.5 FEET; THENCE WEST 208.75 FEET; THENCE SOUTH 417.5 FEET; THENCE EAST 208.75 FEET TO THE POINT OF BEGINNING.

EXCEPT: THAT PART THEREOF CONVEYED TO THE COUNTY OF COLES BY WARRANTY DEED FILED FOR RECORD AUGUST 8, 2000 IN THE OFFICE OF THE RECORDER OF COLES COUNTY, ILLINOIS, AS DOCUMENT NUMBER 628078.

EXCEPTING THEREFROM ANY INTEREST OR ESTATE IN THE MINERALS UNDERLYING THE SURFACE OF THE LAND WHICH MAY HAVE BEEN HERETOFORE CONVEYED OR RESERVED, AND ALL RIGHTS AND EASEMENTS IN FAVOR OF ANY SUCH MINERAL INTEREST OR ESTATE.

STATEMENT OF APPARENT ENCROACHMENTS

A. NO RECORD OF EASEMENT PROVIDED TO THIS SURVEYOR FOR CLEARWATER CORPORATION'S SUPPLEMENTAL WATER LINE BELIEVED TO RUN NORTH AND SOUTH ALONG THE EASTERLY BOUNDARY OF PARCEL 1 AND CONNECT NEAR SOUTHEAST CORNER OF MAIN HOSPITAL BUILDING.

B. NO RECORD OF EASEMENT PROVIDED TO THIS SURVEYOR FOR SANITARY SEWER ENTERING NEAR THE SOUTHWEST CORNER OF PARCEL 1 AND RUNNING NORTHERLY TO THE SANITARY LIFT STATION.

C. NO RECORD OF EASEMENT PROVIDED TO THIS SURVEYOR FOR CITY OF MATTOON WATER LINE ENTERING NEAR THE SOUTHWEST CORNER OF PARCEL 1 AND RUNNING NORTHERLY TO THE WATER STORAGE TANK ON PARCEL 1.

D. DIRECTIONAL SIGNAGE 110.2 FEET ONTO PUBLIC RIGHT OF WAY.

E. DIRECTIONAL SIGNAGE 213.5 FEET ONTO PUBLIC RIGHT OF WAY.

F. DIRECTIONAL SIGNAGE 211.8 FEET ONTO PUBLIC RIGHT OF WAY.

G. DIRECTIONAL SIGNAGE 211.2 FEET ONTO PUBLIC RIGHT OF WAY.

H. METAL BUILDING IS ±16.2 FEET ONTO EASEMENT.

J. METAL BUILDING IS ±5.9 FEET ONTO EASEMENT.

K. CATH LAB ADDITION IS ±174.6 FEET ONTO EASEMENT.

CORRESPONDING TO SCHEDULE

COMMITMENT NUMBER 648608

(1) ... 9, 33, AND 35 THRU 40

(10) 20' WIDE MORE OR LESS GAS TRANSMISSION SYSTEM R... CENTRAL ILLINOIS PUBLIC SERVICE COMPANY FILED FOR ... MISC. RECORD 484 PAGE 56 AS DOCUMENT NO. 360... EASEMENT RECORDED MARCH 7, 2011 AS PLOTTED HER...

(11) ELECTRIC TRANSMISSION LINE EASEMENT TO COLES MOU... FILED FOR RECORD JUNE 10, 1977 IN MISC. RECORD ... NO. 398217. "BLANKET" EASEMENT OVER NW 1/4, NE 1/... EASEMENT RECORDED OCT. 21, 2005 AS DOCUMENT NO. ...

(12) 20' WIDE TILE LINE EASEMENT BETWEEN FIRST NATIONA... ILLINOIS LAND TRUST NO. 71-2 AND AREA 2-T HOSPIT... NOVEMBER 14, 1980 IN MISC. RECORD 261 PAGE 139 ... AS PLOTTED HEREON. (AFFECTS PARCEL 1)

(13) 20' WIDE COMMUNICATION SYSTEM RIGHT OF WAY PERMIT... TELEPHONE COMPANY FILED FOR RECORD NOVEMBER 1... PAGE 41 AS DOCUMENT NO. 428528. (IT PLOTTED AS ... LOCATED IN IL ROUTE 16 AND HEALTH CENTER DRIVE. ... FOLLOW THE RIGHT OF WAY LINES ALONG THE SOUTH A... LOCATION NOT PLOTTED. (AFFECTS PARCEL 1)

(14) DRAINAGE EASEMENT TO DRAINAGE DISTRICT NO. ONE (... LAFAYETTE, COLES COUNTY, ILLINOIS FILED FOR RECORD ... RECORD 595 PAGE 1 AS DOCUMENT NO. 446428. THIS ... AS IT APPEARS TO BE SUPERSEDED BY ITEM 12. (AFFECTS ...

(15) DRAINAGE EASEMENT TO DRAINAGE DISTRICT NO. ONE (... LAFAYETTE, COLES COUNTY, ILLINOIS FILED FOR RECORD ... RECORD 604 PAGE 74 AS DOCUMENT NO. 449645 AS ... PARCEL 1)

(16) 15' WIDE GAS PIPELINE RIGHT OF WAY GRANT TO CENTR... COMPANY FILED FOR RECORD SEPTEMBER 20, 1994 IN ... AS DOCUMENT NO. 570080 AND PARTIAL RELEASE OF ... 2017 AS PLOTTED HEREON. (AFFECTS PARCEL 1)

(17) ELECTRIC TRANSMISSION LINE RIGHT OF WAY EASEMENT ... COOPERATIVE FILED FOR RECORD OCTOBER 18, 2005 A... PLOTTED HEREON. (AFFECTS PARCEL 1)

(18) ELECTRIC TRANSMISSION LINE RIGHT OF WAY EASEMENT ... COOPERATIVE FILED FOR RECORD OCTOBER 18, 2005 A... BLANKET EASEMENT OVER PARCELS 1 AND 3

(19) GAS REGULATOR STATION RIGHT OF WAY GRANT TO CEN... COMPANY FILED FOR RECORD DECEMBER 4, 2007 AS D... PLOTTED HEREON. (AFFECTS PARCEL 1)

(20) 15' WIDE NATURAL GAS PIPELINE EASEMENT TO CENTRAL... COMPANY FILED FOR RECORD AUGUST 14, 2008 AS DO... EASEMENT IS SHOWN BASED ON MARKED LOCATION OF ... AMEREN. (AFFECTS PARCEL 1)

(21) DEDICATION OF RIGHT OF WAY FOR PUBLIC ROAD PURPO... HIGHWAY DEPARTMENT FILED FOR RECORD JULY 21, 19... PAGE 217 AS DOCUMENT NO. 356504 AS PLOTTED HE...

(22) 20' WIDE TILE LINE EASEMENT FILED FOR RECORD NOV... 261 PAGE 133 AS DOCUMENT NO. 430722 AS PLOTTED ...

(23) UTILITY EASEMENT TO CITY OF MATTOON FILED FOR REC... RECORD 704 PAGE 345 AS DOCUMENT NO. 504571 AS ... (AFFECTS PARCEL 1)

(24) TELEPHONE LINE RIGHT OF WAY PERMIT TO ILLINOIS CO... COMPANY FILED FOR RECORD MARCH 8, 1957 IN MISC. ... POLE LINE TO BE SET ADJACENT TO STATE RIGHT OF W... (AFFECTS PARCELS 2, 3, & 4)

(25) CLEAR ZONE AVIATION EASEMENT FILED FOR RECORD ... RECORD 411 PAGE 466 AS DOCUMENT NO. 320842 AS ...

(26) COMMUNICATION SYSTEM RIGHT OF WAY GRANT TO CLE... COMPANY FILED FOR RECORD OCTOBER 21, 1981 IN M... DOCUMENT NO. 437964. BLANKET EASEMENT OVER A...

(27) DRAINAGE EASEMENT TO DRAINAGE DISTRICT NO ONE (... LAFAYETTE, COLES COUNTY, ILLINOIS FILED FOR RECORD ... RECORD 597 PAGE 348 AS DOCUMENT NO. 446427 AS ...

(28) ELECTRIC TRANSMISSION RIGHT OF WAY EASEMENT TO ... COOPERATIVE FILED FOR RECORD FEBRUARY 19, 1980 ... AS DOCUMENT NO. 479845. BLANKET EASEMENT OVER ...

(29) GRANT OF AVIGATION EASEMENT FILED FOR RECORD AUG... NO. 606523 AS PLOTTED HEREON. (AFFECTS PARCEL 4)

(30) GRANT OF AVIGATION EASEMENT FILED FOR RECORD AS ... 606624 AS PLOTTED HEREON. (AFFECTS PARCEL 2)

(31) GRANT OF EASEMENT TO MCI TELECOM ... (MISSING) ... SEPTEMBER 30, 2011 AS DOCUMENT NO. 201108752... (AFFECTS PARCEL 1)

(32) 12" WIDE GAS PIPELINE EASEMENT TO AMEREN ILLINOIS ... DECEMBER 18, 2018 AS DOCUMENT NO. 201800767... (AFFECTS PARCEL 1)

(34) 10' WIDE GAS PIPELINE EASEMENT TO AMEREN ILLINOIS ... MARCH 8, 2019 AS DOCUMENT NO. 201900786... AS ... PARCELS 1 & 2)

SURVEYOR'S CERTIFICATION

TO: SARAH BUSH LINCOLN HEALTH CENTER, ... AMERICAN AGAVE BANK, N.A., THEIR SUCCESSORS ... CHICAGO TITLE INSURANCE COMPANY, FIDELITY N...

THIS IS TO CERTIFY THAT THIS MAP OR PLAT AND ... BASED ALSO MADE IN ACCORDANCE WITH THE "MI... REQUIREMENTS FOR ALTA/NSPS LAND TITLE SURV... AND ADOPTED BY ALTA AND NSPS, AND INCLUDE... THEREOF. THE FIELDWORK WAS COMPLETED ON ...

Dated this 25 day of ... 2020

DANIEL E. HOELSCHER, LPLS
124 NORTH 19TH STREET
MATTOON, ILLINOIS 61938
PH: (217) 238-3137 FAX: ...
LICENSE EXPIRES NOVEMBER 30, 2020

PROFESSIONAL LAND SURVEYOR
DANIEL E. HOELSCHER
3140
MATTOON
ILLINOIS
STATE OF ILLINOIS

GENERAL NOTES

1. BEARINGS REFER TO ILLINOIS STATE PLANE COORDINATE SYSTEM, EAST ZONE, DATUM OF 1983.
2. REFERENCE CHICAGO TITLE INSURANCE COMPANY TITLE COMMITMENT NO. 1609008 ISSUED JULY 9, 2020.
3. NO SUBSURFACE EXPLORATION, GAS MAIN, UNDERGROUND UTILITIES SHOWN ARE FOR INFORMATIONAL PURPOSES ONLY. LOCATIONS ARE BASED ON A COMPILATION OF DESIGN DRAWINGS, MARKINGS BY UTILITY COMPANIES, FIELD LOCATIONS OR DRAWINGS PROVIDED BY UTILITY COMPANIES. THERE IS NO GUARANTEE THAT THE UNDERGROUND UTILITIES SHOWN COMPRISE ALL UTILITIES IN THE AREA. IT IS NOT INTENDED FOR THIS DRAWING TO BE USED FOR DESIGN OR CONSTRUCTION PURPOSES.
4. NO RESEARCH WAS MADE FOR ADDITIONAL EASEMENTS.

SCALE: 1" = 150'
0 150 300

ALTA/NSPS LAND TITLE SURVEY

PART OF THE NE 1/4, SEC. 14, T12N, R8E, 3RD P.M.
COLES COUNTY, ILLINOIS

Date AUG. 25, 2020 | Project No. 2120
Drawn EWING
Checked DEH
Rev.

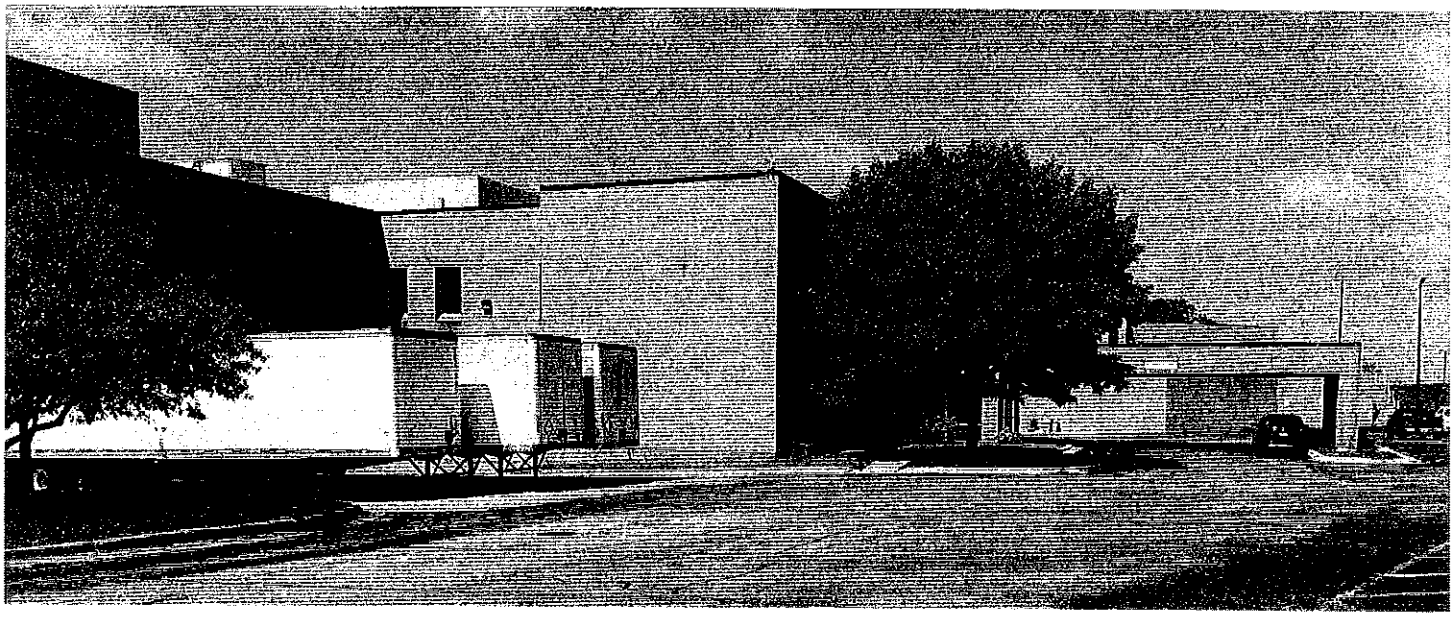
Professional Design Corporation 184.006566
Exp. 04/30/2021

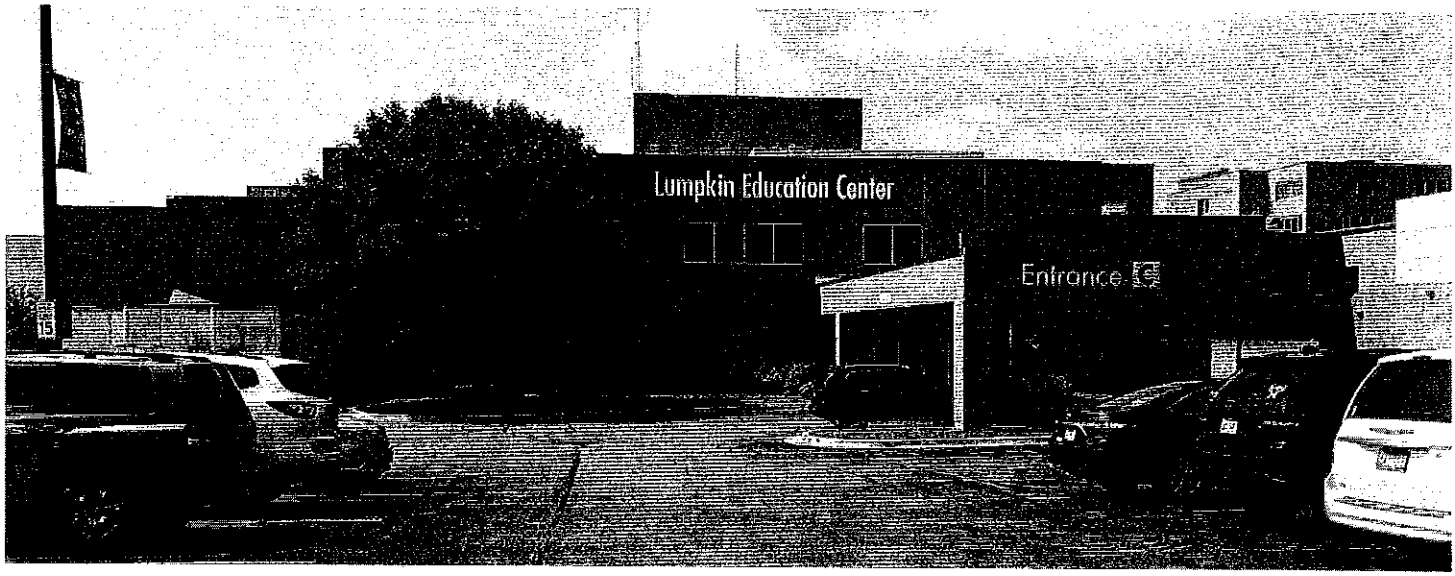
#21-027

Attachment 6

34

Existing structure on the north side of Sarah Bush Lincoln Health Center, 1000 Health Center Drive, Mattoon





#21-027

ILLINOIS DEPARTMENT OF NATURAL RESOURCES

Illinois Department of **Natural Resources**

One Natural Resources Way Springfield, Illinois 62702-1271
www.dnr.illinois.gov Mailing Address: 1 Old State Capitol Plaza, Springfield, IL 62701

JB Pritzker, Governor
Colleen Callahan, Director

Coles County
Mattoon
CON - New Construction and Rehabilitation for Inpatient Beds
1000 Health Center Dr.
SHPO Log #004071221

July 27, 2021

Marsha Haldorsen
Sarah Bush Lincoln Health Center
1000 Health Center Dr.
P.O. Box 372
Mattoon, IL 61938-0372

Dear Ms. Haldorsen:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please call 217/782-4836.

Sincerely,

Robert F. Appleman
Deputy State Historic
Preservation Officer

Attachment 6

Project Costs and Source of Funds			
PROJECT COSTS	**CLINICAL**	**NON-CLINICAL**	**Estimated Project Costs**
Preplanning Costs		$15,000	$15,000
Site Survey and Soil Investigation			$0
Site Preparation		$27,995	$27,995
Off Site Work			$0
New Construction Contracts	$5,222,262	$12,672,808	$17,895,070
Modernization Contracts	$1,014,431	$4,782,645	$5,797,076
Contingencies	$410,374	$1,149,626	$1,560,000
Architectural/Engineering Fees	$623,669	$1,748,345	$2,372,014
Consulting and Other Fees	$20,214	$48,233	$68,447
Movable or Other Equipment (not in construction contracts)	$1,600,000	$770,000	$2,370,000
Bond Issuance Expense (project related)	$51,678	$123,323	$175,000
Net Interest Expense During Construction (project related)	$265,770	$634,230	$900,000
Fair Market Value of Leased Space or Equipment			$0
Other Costs To Be Capitalized	$0	$0	$0
Acquisition of Building or Other Property (excluding land)			$0
ESTIMATED TOTAL PROJECT COSTS	**$9,208,398**	**$21,972,204**	**$31,180,602**
SOURCE OF FUNDS	**CLINICAL**	**NON-CLINICAL**	**Estimated Project Costs**
Cash and Securities			$0
Pledges			$0
Gifts and Bequests			$0
Bond Issues (project related)	$9,208,398	21,972,204	$31,180,602
Mortgages			$0
Leases (fair market value)			$0
Government Appropriations			$0
Grants			$0
Other Funds and Sources			$0
TOTAL SOURCES OF FUNDS	**$9,208,398**	**$21,972,204**	**$31,180,602**

Attachment 7

Active CON Permits

Sarah Bush Lincoln Health Center has an active CON permit for the Effingham Medical Office Building, Effingham (20-030).

Attachment 8

#21-027

Cost Space Requirements

Dept. / Area	Cost	Departmental Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical Unit	$3,076,389	5550	10,265	6,395	3870	0	5550
Intensive Care Unit	$3,160,303	4830	9,570	9,360	210	0	4620
Total Clinical	**$6,236,692**	**10,380**	**19,835**	**15,755**	**4,080**	**0**	**10,170**
NON REVIEWABLE							
Staff Offices	$963,842	2595	3,855	565	3290	0	0
Staff Lockers	$66,704	150	252	80	172	0	0
Clinical Education and Conference Center	$8,850,989	3895	23,485	17,305	6180	0	0
Materials Management	$912,443	0	3,895	3,895	0	0	0
Non-Clinical Common Areas	$1,939,812	3002	6,002	3,000	3002	0	0
Mechanical/Electric/ HVAC	$3,688,125	287	4,113	3,826	287	0	0
Site Work	$1,033,539						
Total Non-clinical	**$17,455,454**	**$9,929**	**$41,602**	**$28,671**	**$12,931**	**$0**	**$0**
OTHER							
Preplanning Costs	$15,000						
Site Survey and Soil Investigation	$0						
Site Preparation	$27,995						
Off Site Work	$0						
Contingencies	$1,560,000						
Architectural/Engineering Fees	$2,372,014						
Consulting and Other Fees	$68,447						
Movable or Other Equipment (not in construction contracts)	$2,370,000						
Bond Issuance Expense (project related)	$175,000						
Net Interest Expense During Construction (project related)	$900,000						
Fair Market Value of Leased Space or Equipment	$0						
Other Costs To Be Capitalized	$0						
Acquisition of Building or Other Property (excluding land)	$0						
TOTAL OTHER	**$7,488,456**						
TOTAL PROJECT	**$31,180,602**	**20,309**	**61,437**	**44,426**	**17,011**	**0**	**10,170**

Current medical surgical unit space that will be vacated (5550 square feet) will be used for a dedicated observation unit.

Current intensive care unit space that will be vacated (4620 square feet) will be reconfigured and used for a proposed medical surgical unit and staff offices.

Attachment 9

Section II. Discontinuation

Criterion 1110.290 – Discontinuation

The applicant does not propose the discontinuation of a health care facility or a category of service; therefore, this section is not applicable.

#21-027

Sarah Bush Lincoln
Trusted Compassionate Care

August 5, 2021

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, IL 62761

Re: Attachment 11 – Background of Applicant

Dear Ms. Avery,

The following information addresses the five points of criterion 1110.110(a):

1. The health care facilities owned or operated by the applicants include:

Sarah Bush Lincoln Health Center
Illinois Hospital License ID# 0003392
The Joint Commission ID# 7257

Proof of current licensure and accreditation for Sarah Bush Lincoln Health Center is attached.

In addition, Sarah Bush Lincoln Health Center (SBLHC) owns and operates Heartland Health System, Inc. which operates Fayette County Hospital. SBLHC also has 20% interest in Effingham Surgical Partners.

2. There are no additional health care facilities currently owned and/or operated by corporate officers or directors, LLC members, partners, or owners.

3. There have been no adverse actions taken against the health care facilities owned or operated by the applicants during the three years prior to the filing of this application.

4. This letter serves as authorization permitting the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) access to information in order to verify any documentation or information submitted, including but not limited to official records of IDPH or other state agencies; licensing or certification records of other states; and the records of nationally recognized accreditation organizations.

Attachment 11

5. This item is not applicable to this application because the requested materials are being submitted as part of this application.

Sincerely,

Jerry Eskew
President and Chief Executive Officer

#21-027

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Illinois Department of PUBLIC HEALTH

HF 121518

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2021		0003392

General Hospital

Effective: 01/01/2021

Sarah Bush Lincoln Health Center
1000 Health Ctr Dr, PO Box 372
Mattoon, IL 61938

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18

Exp. Date 12/31/2021

Lic Number 0003392

Date Printed 10/16/2020

Sarah Bush Lincoln Health Center

1000 Health Ctr Dr, PO Box 372
Mattoon, IL 61938

FEE RECEIPT NO.

Attachment 11

The Joint Commission

November 27, 2019

Jerry Esker
President and CEO
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon , IL 61938

Joint Commission ID #: 7257
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of Standards Compliance
Accreditation Activity Completed : 11/27/2019

Dear Mr. Esker:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- **Comprehensive Accreditation Manual for Hospital**

This accreditation cycle is effective beginning August 17, 2019 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

Mark Pelletier

Mark G.Pelletier, RN, MS
Chief Operating Officer and Chief Nurse Executive
Division of Accreditation and Certification Operations

Attachment 11

The Joint Commission

November 27, 2019

Jerry Esker
President and CEO
Sarah Bush Lincoln Health Center
1000 Health Center Drive
Mattoon , IL 61938

Joint Commission ID #: 7257
Program: Home Care Accreditation
Accreditation Activity: 60-day Evidence of Standards Compliance
Accreditation Activity Completed : 11/27/2019

Dear Mr. Esker:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- **Comprehensive Accreditation Manual for Home Care**

This accreditation cycle is effective beginning August 17, 2019 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

Mark Pelletier

Mark G.Pelletier, RN, MS
Chief Operating Officer and Chief Nurse Executive
Division of Accreditation and Certification Operations

Attachment 11

Criterion 1110.110(b)

Purpose of Project

1. The purpose of the proposed project is to improve health care for residents of Sarah Bush Lincoln's service area in east central Illinois. The additional capacity and modernization of existing space will allow Sarah Bush Lincoln to provide intensive care to more patients in our region, potentially reducing the need to transfer patients to other facilities. As we have continued to enhance our specialties and capabilities with advanced ICU telemedicine and pulmonology, we have experienced a higher average daily census on our ICU unit. As we continue to recruit specialty physicians, we anticipate our ICU patient days to continue to increase. Adding 5 intensive care beds will increase access to specialty care for patients in our service area.

   In addition, expanding space for 15 medical-surgical beds, for which we are currently licensed, will allow Sarah Bush Lincoln to convert existing space used for medical-surgical patients to a dedicated observation unit. Sarah Bush Lincoln has experienced an increase in both the number of observation patients and medical-surgical patient days. At times of peak demand, lack of available inpatient and/or observation beds can cause delays and inefficiencies in patient care.

   Additional non-clinical space included in the project will allow Sarah Bush Lincoln to expand space for materials management, which has remained largely unchanged since the hospital opened in 1977. New and modernized space will also allow Sarah Bush Lincoln to centralize educational departments and add a multidisciplinary training center to be used in partnership with our local university, community college and high schools. Additional training capacity and capabilities should positively impact our ability to recruit and train staff in our rural service area.

2. Sarah Bush Lincoln Health Center is located in health service area 4, health planning area D-05, which includes Clark, Coles, Cumberland and Edgar counties. SBLHC's market area is a 10-county area in east central Illinois that includes Clark, Coles, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Moultrie and Shelby counties.

3. Sarah Bush Lincoln Health Center's intensive care unit exceeded the state standard occupancy rate of 60% in calendar years 2019 and 2020. During the most recently completed 12-month period (July 2020 – June 2021), SBLHC's intensive care unit operated at 72% occupancy. Between 2016-2019, SBLHC also experienced a 44% increase in medical-surgical observation days, as can be seen in the IDPH annual hospital survey statistics. This places additional demand on current bed capacity.

4. Sources used to document the need for additional beds include internal EMR reports, IHA COMPdata, IDPH population projections and the IDPH annual hospital questionnaire, as well as the 2019 IHFSRB-IDPH inventory of health care facilities and services and need determinations and Title 77 of the Illinois Administrative Code.

5. Adding 5 intensive care unit beds will increase capacity for Sarah Bush Lincoln Health Center to be in line with the state standard occupancy rate of 60%. In addition, relocating 15 medical-

surgical beds to a unit that is adjacent to the intensive care unit and staffed appropriately for higher acuity medical-surgical patients will improve staff efficiencies when patients must be transferred between intensive care and medical-surgical services and enhance quality and safety. New and modernized space for both the intensive care and medical-surgical units will provide larger rooms to accommodate equipment and care needs while remaining within the state square footage guidelines. In addition, relocating 15 medical-surgical beds to a new/modernized space will allow SBLHC to construct the rooms with the ability to switch from normal pressure to negative pressure. This will improve safety and quality in patient care during times of special needs as recently experienced during the COVID-19 pandemic.

Space vacated by relocating 15 medical-surgical beds will allow SBLHC to centralize observation patients to a dedicated unit, thereby improving efficiencies and care for lower-acuity patients. Additional training space will benefit the patient population by improving the capacity and capabilities of SBLHC's workforce. Adding space to improve the management of supplies will help ensure SBLHC can meet the demand at times of peak census and/or interruptions in the supply chain, as recently experienced during the COVID-19 pandemic. This will also benefit the patient population and improve staff efficiencies.

6. Sarah Bush Lincoln Health Center's goals in adding space for patient care is to meet the current needs recently experienced as well as the anticipated demand for a patient population that is projected to experience growth in the age 65 and above segment and, thus, will most likely experience needs for more frequent and higher-acuity hospital care. Goals for adding space for non-clinical functions such as education and supply management are to continue to be the employer of choice in SBLHC's service area and to be able to provide supplies without interruption for all services provided at SBLHC.

Criterion 1110.110(d)

Alternatives

The following alternatives to the proposed project were evaluated and determined to be impractical.

1. Do not add intensive care unit beds and/or modernize existing clinical areas.

   This would not meet the demand Sarah Bush Lincoln Health Center has experienced during the past 2.5 years. During times of peak census, it would continue to place undue strain on our facilities and staff and could negatively impact patient care.

2. Add fewer than five intensive care unit beds.

   Again, this would not meet the demand SBLHC has recently experienced or the projected demand given the aging population SBLHC serves. At times of peak demand, patients may need to be transferred to another facility for intensive care services, which could cause a delay in care and negatively impact their condition.

3. Pursuing a joint venture with other entities; developing alternative settings.

   It was determined that pursuing a joint venture with another entity to add 5 intensive care unit beds would be neither efficient nor realistic. In addition, identifying an alternative setting for intensive care services would introduce inefficiencies that could negatively impact the quality of care provided to patients that most often arrive in the Emergency Department in critical condition or undergo intensive surgery and need timely access to other services located in the hospital facility.

4. Utilizing other health care resources in rural east central Illinois is not a feasible option. Sarah Bush Lincoln Health Center is the only hospital in the D-05 health planning area that provides intensive care services. Requiring patients to travel 1+ hours to another facility for intensive care services is neither safe nor appropriate.

   For the reasons listed above, Sarah Bush Lincoln Health Center believes the best option to meet the demand for intensive care services in our service area is to increase our current capacity by 5 intensive care beds to be in line with the state standard occupancy rate of 60%.

Section IV.
Criterion 1110.120

Size of Project

Sarah Bush Lincoln Health Center leaders have worked with architects, clinical leaders and SBLHC Pulmonologist Dr. Jeremy Topin to evaluate and plan new and modernized spaces for the proposed intensive care unit as presented in this project. The team has assembled lessons learned from many years of experience, current best practices and ideas from site visits to other hospitals. With this, they have designed a unit with 14 patient rooms that will accommodate equipment needed in order to provide the best possible care to our patients, allow adequate space for our physicians and staff to safely care for critical patients and, when appropriate, offer space for the patient's caregiver to remain with the patient and participate in their care. Detailed floor plans have been designed and interactive 3-dimensional computer models were used to further evaluate alternatives for unit and room configurations.

The proposed space adjacent to the intensive care unit that will be used for 15 medical-surgical beds, for which SBLHC is currently licensed, has been designed to be similar to other new and modernized medical-surgical rooms at SBLHC. Additional lessons learned from the recent COVID-19 pandemic were used to proactively design the rooms with the ability to switch from normal pressure to negative pressure to provide safety for patients and staff.

The proposed space for the existing 9 and additional 5 intensive care beds meets the standard of 600-685 DGSF/bed listed in the Illinois Administrative Code. The proposed space for the 15 existing medical-surgical beds meets the standard of 500-660 DGSF/bed listed in the Illinois Administrative Code

Section IV.
Criterion 1110.120

Project Services Utilization

With this project, Sarah Bush Lincoln Health Center proposes to add 5 intensive care beds to accommodate increasing demand in its service area while meeting the state standard occupancy rate of 60%.

Below are the utilization projections for years 1 and 2 after project completion as well as the rationale to support the projections:

UTILIZATION				
	Dept/Service	**Historical Utilization (patient days)**	**Projected Utilization**	**State Standard**
Year 1	Intensive Care	2385 days	57%	60% Occupancy
Year 2	Intensive Care	2385 days	61%	60% Occupancy

Note: An average of patient days from the most recent two completed IDPH annual hospital questionnaires is presented as historical utilization in the table above.

	Intensive Care Service					
	CY19 Actual	CY20 Actual	FY21 Actual	FY 22 Proposed/ Budgeted	FY25 Projected	FY26 Projected End of Project
Admissions	365	353	318	360	390	400
Patient Days including Observation Days	2731	2040	2,356	2,220	2923.5	3118.4
Average Daily Census	5.10	5.34	6.45	6.08	8.01	8.54
Average Length of Stay including Observation Days	4.98	4.56	6.97	5.75	6	6
Authorized Beds	9	9	9	9	14	14
% Occupancy	83%	62%	72%	68%	57%	61%

Assumptions:

- Will hit FY22 projection of 360 admissions and an additional 10 admissions each following year.
- Will experience a 10% increase in patient days per year over FY20 actual baseline.
- Will continue to care for complex patients given specialty capabilities and aging patient population.

Section IV.
Criterion 1110.120 – Unfinished/Shell Space and Assurances

The proposed project does not include unfinished or shell space; therefore, Attachment 16 and Attachment 17 are not applicable.

Attachments 16 and 17

SECTION V.

Service Specific Review Criteria

1110.200(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)

Sarah Bush Lincoln Health Center is not proposing to establish a new service; therefore, this criterion does not apply.

1110.200(b)(2) - Planning Area Need - Service to Planning Area Residents

With the proposed addition of five intensive care beds, Sarah Bush Lincoln Health Center's primary purpose is to provide necessary health care to residents of SBLHC's geographic service area.

SBLHC's geographic service area includes the following ten counties: Clark, Coles, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Moultrie and Shelby.

Below is SBLHC data for July 2020 – June 2021 indicating the number and percent of admissions to intensive care unit beds by patient zip code and county:

UNIT CCU

Patient Zip Code	Patient County	Distinct Patient Count	% of Total	Within D-05 Planning Area
61938	Coles	112	29.55%	Yes
61920	Coles	109	28.76%	Yes
62468	Cumberland	13	3.43%	Yes
61910	Douglas	12	3.17%	No
62420	Clark	11	2.90%	Yes
61911	Douglas	10	2.64%	No
62447	Cumberland	9	2.37%	Yes
62428	Cumberland	8	2.11%	Yes
62448	Jasper	6	1.58%	No
62474	Clark	5	1.32%	Yes
61930	Douglas	5	1.32%	No
62440	Coles	5	1.32%	Yes
61944	Edgar	5	1.32%	Yes
61951	Moultrie	4	1.06%	No
61912	Coles	4	1.06%	Yes
62441	Clark	3	0.79%	Yes
61943	Coles	3	0.79%	Yes
62442	Clark	3	0.79%	Yes
61931	Coles	3	0.79%	Yes
61933	Edgar	3	0.79%	Yes
61928	Moultrie	3	0.79%	No
61913	Douglas	3	0.79%	No

Attachment 18

62565	Shelby	2	0.53%	No
61917	Edgar	2	0.53%	Yes
62571	Shelby	2	0.53%	No
61957	Shelby	2	0.53%	No
61942	Douglas	2	0.53%	No
62443	Effingham	2	0.53%	No
62424	Effingham	2	0.53%	No
62436	Cumberland	2	0.53%	Yes
62401	Effingham	2	0.53%	No
62480	Jasper	1	0.26%	No
62411	Effingham	1	0.26%	No
62839	Fayette	1	0.26%	No
38671	*Out of service area*	1	0.26%	No
52839	*Out of service area*	1	0.26%	No
61929	*Out of service area*	1	0.26%	No
61937	Moultrie	1	0.26%	No
47403	*Out of service area*	1	0.26%	No
92637	*Out of service area*	1	0.26%	No
61953	Douglas	1	0.26%	No
62469	Coles	1	0.26%	Yes
62444	Shelby	1	0.26%	No
62479	Jasper	1	0.26%	No
48217	*Out of service area*	1	0.26%	No
62534	Shelby	1	0.26%	No
34232	*Out of service area*	1	0.26%	No
60481	*Out of service area*	1	0.26%	No
62449	*Out of service area*	1	0.26%	No
75501	*Out of service area*	1	0.26%	No
62454	*Out of service area*	1	0.26%	No
60644	*Out of service area*	1	0.26%	No
62458	Fayette	1	0.26%	No
Grand Total		**379**	**100.00%**	

As indicated, 97% of SBLHC admissions to intensive care beds in the last 12-month period were patients from SBLHC's 10-county service area. In addition, 79% of SBLHC admissions to intensive care beds in the last 12-month period were patients from the D-05 Intensive Care planning area (Clark, Coles, Cumberland and Edgar counties).

Note: this does not include patients who were admitted to SBLHC under another category of service then transferred to an intensive care unit bed.

Attachment 18

1110.200(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service

Sarah Bush Lincoln Health Center is not proposing to establish a new service; therefore, this criterion does not apply.

1110.200(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service

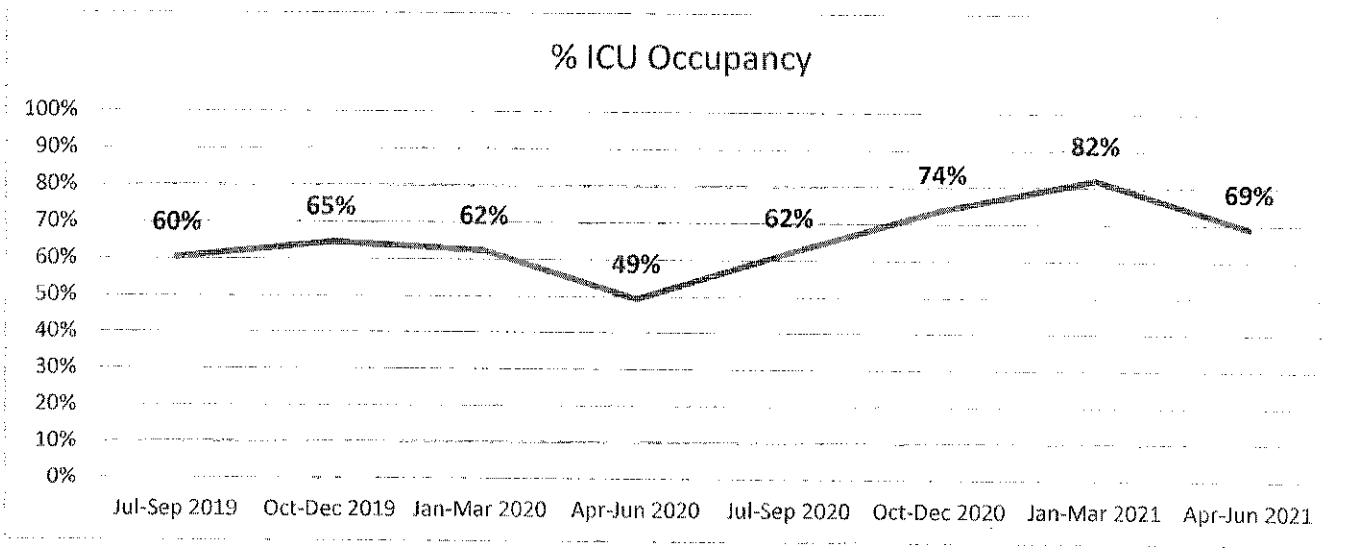
A. Historical Service Demand

	Inpatient Days	Observation Days	Total Patient Days	% Occupancy	State ICU standard
CY19	2536	195	2731	83%	60%
CY20	1899	141	2040	62%	60%

Note: FY21 data is presented below as the most recent 12-month period.

FY21	2218	138	2356	72%	60%

SBLHC has experienced occupancy rates in its intensive care unit at or above the state standard of 60% for each quarter during the last two years with the exception of the time period April-June 2020. During the first months of the COVID-19 pandemic, hospitals in rural areas experienced much lower-than-normal volumes in all categories of service, including intensive care.



B. Projected Referrals

See physician referral letter in Attachment 18.

Attachment 18

C. Projected Service Demand

SBLHC's mission is to provide exceptional care to all and create healthy communities for residents of our geographic service area. Data obtained from the Illinois Health and Hospital Association COMPdata source indicates that 69% of residents (2927 patients) from SBLHC's service area in need of general intensive care services in 2020 received services at hospitals outside our service area. This excludes specialty intensive care services of pediatric, psychiatric, burn care, trauma and heart transplants.

Since 2015, SBLHC has added advanced intensive care unit services via telemedicine and a full-time, on-site Pulmonologist that enables more patients to remain at SBLHC to receive care needed, which benefits both patients and families. SBLHC plans to add specialists in Infectious Disease and Nephrology to its medical staff in the next 12 months, further increasing our capabilities to care for intensive care patients. To accommodate these enhanced capabilities, SBLHC proposes to add five additional intensive care unit beds.

1110.200(b)(5) - Planning Area Need - Service Accessibility

Sarah Bush Lincoln Health Center is not proposing to establish a new service; therefore, this criterion does not apply.

1110.200(c)(1) - Unnecessary Duplication of Services

Sarah Bush Lincoln Health Center is not proposing to establish a new service; therefore, this criterion does not apply.

1110.200(c)(2) - Maldistribution

Sarah Bush Lincoln Health Center is the only health care facility in the D-05 Intensive Care planning area that provides intensive care services. Historical utilization for the latest 12-month period prior to submission of this application (July 2020 – June 2021) indicates an occupancy rate of 72%, well above the 60% occupancy standard established for facilities that provide intensive care services.

According to the IDPH population projections (2019 edition), the number of residents in the D-05 Intensive Care planning area age 65 and older will increase 7.3% from 2020 to 2025. While the percent of the population in the D-05 planning age 65 and older was projected to be 19% in 2020, patients age 65 and older accounted for 44% of intensive care admissions at SBLHC for the latest 12-month period. This supports the fact that intensive care patients are disproportionately older; thus, we anticipate the need for intensive care services will continue to grow.

1110.200(c)(3) - Impact of Project on Other Area Providers

Sarah Bush Lincoln Health Center is not proposing to establish a new service; therefore, this criterion does not apply.

1110. 200(d)(1), (2), and (3) - Deteriorated Facilities

Sarah Bush Lincoln Health Center proposes to modernize space for its intensive care unit and a medical-surgical unit in order to meet current standards of care and best practices for higher-acuity patients. Additional space for equipment and procedures for critically ill patients as well as enhanced capabilities for negative pressure rooms in the medical-surgical unit are also included in the proposed project.

1110.200(d)(4) - Occupancy

Occupancy rates for SBLHC's intensive care unit with the 5 additional beds proposed in this project are projected to meet or exceed the state standard of 60% by year 2 following the completion of the project.

	Intensive Care Service					
	CY19 Actual	CY20 Actual	FY21 Actual	FY 22 Proposed/ Budgeted	FY25 Projected	FY26 Projected End of Project
Admissions	365	353	318	360	390	400
Patient Days including Observation Days	2731	2040	2,356	2,220	2923.5	3118.4
Average Daily Census	5.10	5.34	6.45	6.08	8.01	8.54
Average Length of Stay including Observation Days	4.98	4.56	6.97	5.75	6	6
Authorized Beds	9	9	9	9	14	14
% Occupancy	83%	62%	72%	68%	57%	61%

1110.200(e) - Staffing Availability

Additional staffing requirements for the proposed 5 additional intensive care unit beds have been considered, and SBLHC will be able to meet licensure and The Joint Commission staffing requirements. SBLHC works with area universities, colleges and schools to successfully recruit Registered Nurses, Respiratory Therapists and other clinical and non-clinical support staff on an ongoing basis.

1110.200(f) - Performance Requirements

With a proposed 14 intensive care beds, SBLHC will exceed the minimum intensive care unit size of 4 beds.

1110.200(g) - Assurances

See applicant assurance letter in Attachment 18.

#21-027

Sarah Bush Lincoln
Trusted Compassionate Care

August 6, 2021

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd floor
Springfield, IL 62761

Dear Ms. Avery:

I am a Pulmonary and Critical Care Physician practicing in East Central Illinois who is a member of the medical staff at Sarah Bush Lincoln Health Center (SBLHC) in Mattoon.

SBLHC has shown great success in provider recruitment and in the development of their intensive care services which has contributed to the need for the proposed Intensive Care Unit bed expansion project.

SBLHC has experienced ICU occupancy rates above the state standard of 60% for the past 2.5 years. With the addition of advanced ICU coverage through telemedicine and pulmonology, as well as current recruitment of infectious disease specialists and nephrologists, we anticipate the ability to reduce transfers of critically ill patients and keep them closer to home and their families. As a result of this growth, limited bed capacity is a concern and could contribute to delays in care for patients that require an intensive care unit bed.

My practice is projected to continue to grow and I anticipate referring 10 additional patients to the hospital each year for inpatient care and services by the time the proposed project is completed and fully operational. I strongly support the Intensive Care Unit bed expansion project to address the critical need for intensive care unit beds as it improves access to care for the patients in our community.

Sincerely,

Jeremy Topin, MD

SUELLEN EBBERT
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
August 29, 2022

Suellen Ebbert
8-23-2021

Attachment 18

#21-027

Sarah Bush Lincoln

Trusted Compassionate Care

August 6, 2021

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd floor
Springfield, IL 62761

Dear Ms. Avery:

I am the applicant representative of the co-applicants for this project (i.e., Sarah Bush Lincoln Health Center and Sarah Bush Lincoln Health System), who has signed the CON application that includes an increase in Sarah Bush Lincoln's authorized Intensive Care beds.

In accordance with 77 Illinois Administrative Code 1110, I hereby attest to the understanding of the co-applicants for this project that, by the second year of operation after this project is completed, Sarah Bush Lincoln Health Center will achieve and maintain the occupancy standards specified in 77 Illinois Administrative Code 1100 for the Intensive Care category of service.

The occupancy standard for facilities that provide intensive care services is at or above an annual minimum 60% (77 Illinois Administrative Code 1100.540(c).

Sincerely,

Jerry Esker
President and Chief Executive Officer

Section V. Service Specific Review Criteria

Criteria 1110.205 through 1110.280

This project does not involve any of the following services; therefore, the associated sections are not applicable.

- 1110.205 Comprehensive Physical Rehabilitation (Attachment 19)
- 1110.210 Acute Mental Illness and Chronic Mental Illness (Attachment 20)
- 1110.220 Open Heart Surgery (Attachment 21)
- 1110.225 Cardiac Catheterization (Attachment 22)
- 1110.230 In-Center Hemodialysis (Attachment 23)
- 1110.235 Non-Hospital Based Ambulatory Surgery (Attachment 24)
- 1110.240 Selected Organ Transplantation (Attachment 25)
- 1110.245 Kidney Transplantation (Attachment 26)
- 1110.250 Subacute Care Hospital Model (Attachment 27)
- 1110.260 Community-Based Residential Rehabilitation Center (Attachment 28)
- 1110.265 Long Term Acute Care Hospital (Attachment 29)
- 1110.270 Clinical Service Areas Other Than Categories of Service (Attachment 30)
- 1110.280 Freestanding Emergency Center Medical Services (Attachment 31)
- 1110.275 Birth Center – Alternative Health Care Model (Attachment 32)

Section VI.

1120.120 – Availability of Funds

The Applicants have an A+ bond rating from Standard & Poor's (December 2019) and therefore are not required to address this section of the application.

A copy of the April 2021 ratings report is included as part of Attachments 33 – 36A.

Section VI.

1120.130 – Financial Viability

The Applicants have an A+ bond rating from Standard & Poor's (April 2021) and therefore are not required to address this section of the application.

S&P Global
Ratings

RatingsDirect®

Sarah Bush Lincoln Health System, Illinois; Hospital

Primary Credit Analyst:
Chloe A Pickett, Centennial + 1 (303) 721 4122; Chloe.Pickett@spglobal.com

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Marc Bertrand, Chicago + 1 (312) 233-7116; marc.bertrand@spglobal.com

Table Of Contents

Sarah Bush Lincoln Health System, Illinois; Hospital

Credit Profile

Illinois Fin Auth (Sarah Bush Lincoln Hlth System) ICR

Long Term Rating	A+/Stable	Current

Rationale

S&P Global Ratings' issuer credit rating (ICR) on Sarah Bush Lincoln Health System (Sarah Bush), Ill. is 'A+'. The ICR applies to Sarah Bush's general creditworthiness and is not specific to any bond issue. The outlook is stable.

Credit overview

The rating reflects Sarah Bush's dominant market share, consistently healthy financial performance, and exceptional balance sheet. The hospital has been proactive by strengthening its physician base and market position through investments in physician practices in the area. Sarah Bush also acquired Fayette County Hospital in 2019 to further its reach in the southern portion of its primary service area (PSA) and strengthen its relationships with physicians in the area, which has translated into incremental market share growth. Although Sarah Bush is a consistent market leader and performer, the hospital's limited service area, highlighted by its small population that is projected to fall, and projected employment decline, preclude a higher rating.

The rating further reflects Sarah Bush's consistent, positive financial performance with solid operating margins and robust maximum annual debt service (MADS) coverage. Operations remained relatively stable in fiscal 2020 despite the effects of the COVID-19 pandemic and are showing significant improvement through the six-month interim period ended Dec. 31, 2020. However, operations are somewhat elevated due to pent-up demand from the limitation of services resulting from COVID-19 and we expect financial performance will moderate back to historical levels. Operations were also supported by the receipt of $21.3 million in funding from the Coronavirus Aid, Relief, and Economic Security (CARES) Act, of which $6.3 million was recognized in fiscal 2020 and $9.6 million through the six months ended Dec. 31, 2020. Management expects to recognize the remainder of the funds throughout fiscal 2021. The hospital's balance sheet remains a significant positive rating factor, with high reserves and low debt levels. Sarah Bush took out $35 million in privately placed bonds that are not fully reflected in the presented ratios; however, we have fully factored the additional debt into our analysis with no material rating impact and the hospital has no plans for additional debt. The rating also reflects a positive adjustment due to the hospital's extraordinarily high unrestricted reserves as measured by days' cash on hand and unrestricted reserves-to-long-term debt, which are well in excess of medians for the rating level.

The rating further reflects our view of Sarah Bush's:

- Dominant business position as the leading provider in Coles County;
- Healthy operating margins and cash flow, generating solid MADS coverage, although we expect moderation over

the outlook period from interim levels; and

- High unrestricted reserves, as measured by days' cash on hand and cash to debt, well exceeding rating medians, which we expect to remain stable as capital plans are modest.

Partially offsetting the above strengths, in our view, are Sarah Bush's:

- Limited economic base, albeit somewhat offset by a solid payer mix;
- Increased contingent-liability debt that is all privately placed with financial institutions, with events of default that could result in immediate acceleration of debt, although this is tempered by strong reserves; and
- Modest reliance on the state's provider tax funds.

The stable outlook reflects our view that Sarah Bush will maintain its leading market position, supported by a stable employed physician base, and benefit from management's attention to cost, productivity, and service. We also expect that Sarah Bush will continue to generate healthy operations in line with historical levels and maintain its balance sheet strength.

Environmental, social, and governance (ESG) factors

We analyzed Sarah Bush's environmental and governance risks relative to its economic fundamentals, market position, and management and governance and the corresponding effects on its financial profile and determined that all are in line with the industry. We view Sarah Bush's social risk to be elevated compared with that of peers because the hospital's operations are situated in a very limited service area, with a population of less than 100,000. The area remains challenged by population and employment growth that are below national averages; therefore, we do not expect this to change during the outlook period. The core mission of health care facilities is protecting the health and safety of communities, which is further evidenced by responsibilities to serve the potential COVID-19-related surge in patient demand. We believe the pandemic exposes the entire sector to additional social risks that, although improving given the widespread vaccine distribution, remain a threat and point of uncertainty. We will continue to evaluate these risks as the situation evolves.

Stable Outlook

Downside scenario

We could revise the outlook to negative or lower the rating if margins deteriorate and coverage drops below medians for the rating level consistently, or if the balance sheet weakens materially with lower unrestricted reserves. Furthermore, a sizable addition of debt could result in a negative rating action.

Upside scenario

We are unlikely to raise the rating during the outlook period due to the inherent risks of being a relatively small stand-alone provider in a service area with a small population. Given the projected declines in population and employment, we do not expect any improvement in the service area during the outlook period or over the longer term. We would consider a positive outlook or rating action over the longer term if there is significant diversification and strengthening of the enterprise profile, in conjunction with financial profile metrics consistently above medians for a

higher rating category.

Credit Opinion

Enterprise Profile: Adequate

Limited PSA with projected population and employment decline

Coles County, Sarah Bush's PSA, is composed of a small population of just less than 52,000 as of 2020. Given the limited economic growth in the service area, we expect slight declines in population over the next five years. In addition, employment is expected to decline over the next five years. Somewhat offsetting these factors, the area is home to Eastern Illinois University, with a strong student population. From discussions with management, the local economy is recovering from the pressures of COVID-19, although we expect continued uncertainty during the outlook period.

Dominant market position strengthened in past years through physician acquisition and alignment

With limited competition in the immediate service area, Sarah Bush retains a leading market share of more than 74%, which has steadily improved year over year. There are two small hospitals in the secondary service area, both with fewer than 50 beds, although there is outmigration to Urbana and Champaign, mainly to the Carle Foundation for tertiary services Sarah Bush does not provide. Sarah Bush is part of the BJC Collaborative--an eight-hospital multistate collaborative that covers mostly Missouri and southern Illinois--which is preparing for some of the changes related to health care reform. Management indicated the relationship has been beneficial as these organizations come together to drive population health initiatives.

The hospital has focused on improving its facilities, expanding services through its own employed physicians, and continuing its culture of service excellence in cooperation with other regional providers. Sarah Bush has seen success in acquiring and employing physician practices in targeted specialty service lines, especially orthopedics. Sarah Bush's clinic expansion, strong primary care network, and increased specialist coverage have resulted in stable inpatient volume and strengthening of the hospital's market position. Sarah Bush employs 104 primary care and specialist physicians, which management estimates are responsible for about three-quarters of annual admissions.

As of July 2019, Sarah Bush acquired Fayette County Hospital, a district-owned hospital previously operated by Heartland Health System Inc. Fayette is a critical-access hospital in the southern portion of the hospital's service area that also maintains approximately 65 long-term care beds. Fayette is fully consolidated into Sarah Bush, and the acquisition has resulted in improved financial performance, as well as strengthening the hospital's market position and physician relationships in the area.

Management and governance

Management is well tenured and we expect stability over the outlook period. The governance structure is largely stable, with a self-perpetuating board serving term limits of eight years. Recently, Sarah Bush's management has focused on improving patient quality care and safety, as well as building the physician base to strengthen the hospital's market position, which has been successful. We view positively management's ability to maintain healthy operations

while increasing services and maintaining solid performance during the pandemic. We will continue to monitor capital spending practices in the upcoming years.

Table 1

Sarah Bush Lincoln Health System, Illinois -- Enterprise Statistics

	--Six months ended Dec. 31--	--Fiscal year ended June 30--		
	2020	2020	2019	2018
PSA population	N.A.	51,979	51,979	51,979
PSA market share (%)	N.A.	74.4	72.8	72.2
Inpatient admissions	3,298	6,555	5,912	6,203
Equivalent inpatient admissions	12,318	24,123	22,663	25,877
Emergency visits	16,209	34,196	36,257	37,422
Inpatient surgeries	752	1,394	1,384	1,267
Outpatient surgeries	3,513	5,271	5,513	4,910
Medicare case mix index	1.4239	1.5383	1.4047	1.4192
FTE employees	2,142	2,142	2,120	2,082
Active physicians	129	129	125	125
Top 10 physicians admissions (%)	36.3	36.3	40.6	N.A.
Based on net/gross revenues	Net	Net	Net	Net
Medicare (%)	29.5	31.2	29.7	30.5
Medicaid (%)	10.1	10.7	12.0	9.4
Commercial/Blues (%)	58.5	56.3	56.4	58.7

N/A--Not applicable. N.A.--Not available. Inpatient admissions exclude normal newborn, psychiatric, rehabilitation, and long-term care facility admissions.

Financial Profile: Very Strong

Robust financial performance expected to moderate over the outlook period

Sarah Bush has historically generated healthy operating margins, although there has been some recent softening. Through the six-month interim period ended Dec. 31, 2020, however, operations have seen tremendous growth. The improvement is largely due to the hospital's solid volume recovery, which management has indicated is somewhat due to pent-up demand following delayed and restricted procedures because of COVID-19 restrictions. Operations were further stabilized by the receipt of $21.3 million in CARES Act funding, of which Sarah Bush has recognized $15.9 million as of Dec. 31, 2020. Based on current volume trends and an additional $5.3 million in CARES Act funding that remains to be recognized through fiscal 2021, we expect margins will remain at or near current levels through the remainder of the fiscal year. Management expects operations will moderate somewhat in fiscal 2022 as volumes stabilize and no further provider relief funds are expected. We expect fiscal 2022 financial performance will decrease from current levels but remain positive and in line with historical figures. Furthermore, the consistently positive operating margins, combined with steady non-operating income, have contributed to very healthy MADS coverage, which we also expect will somewhat moderate during the outlook period.

Liquidity and financial flexibility remain a key credit strength

The balance sheet is characterized by robust levels of unrestricted reserves, generating consistently healthy days' cash on hand and unrestricted reserves-to-long-term debt. We expect to see stability or minimal growth in unrestricted reserves based on moderate capital spending on planned projected over the next several years, as the capital expenditures will be funded through operating cash flow. Most of the capital spending over the outlook period will go toward building a new surgery center to address capacity issues with surgical procedures. We expect unrestricted reserves relative to operating expenses and debt will remain healthy and above rating level medians; however, if cash flow weakens and unrestricted reserves become stressed, this would likely pressure the rating.

Debt and contingent liabilities

Total long-term debt was $46.6 million as of fiscal 2020, generating very low leverage for the rating level, which we view positively. The debt portfolio is largely contingent, which we consider a higher-than-average level of risk, although Sarah Bush has robust liquidity to cover the contingent liabilities, offsetting this risk. Sarah Bush's series 2011 fixed-rate debt and series 2015 variable-rate bonds are placed with JPMorgan Chase. The terms contain various event-of-default provisions, remedies to which may accelerate the bond payments if efforts to cure the event are not underway within 30 days. Certain events of default could lead to debt acceleration immediately, including financial covenants and a rating trigger, but most of those would be known in advance and financial covenants are measured on specific dates, with debt service coverage measured quarterly and days' cash on hand semiannually. Although some termination risk is associated with the potential for payment acceleration, Sarah Bush's healthy unrestricted reserves demonstrate capacity to support a liquidity event associated with the bonds. The hospital also issued $35 million of taxable debt with First Mid Bank of Illinois to finance capital spending on the hospital's Effingham Clinic. The debt is not reflected on the balance sheet since the hospital will be recognizing it as the funds are drawn for construction; however, the inclusion of the debt has no material impact on financial profile. The series 2020 debt includes a days' cash on hand covenant of 90 days and debt service coverage of 1.0x, both of which Sarah Bush is well above.

The hospital has no plans for additional debt at this time and is not party to any swap agreements.

Table 2

Sarah Bush Lincoln Health System, Illinois -- Financial Statistics

	--Six months ended Dec. 31--	--Fiscal year ended June 30--			--Medians for 'A+' rated stand-alone hospital-- A+
	2020	2020	2019	2018	2019
Financial performance					
Net patient revenue ($000s)	190,252	373,050	331,601	326,887	668,398
Total operating revenue ($000s)	251,866	413,798	352,165	336,597	686,604
Total operating expenses ($000s)	220,316	393,566	340,745	318,367	MNR
Operating income ($000s)	31,550	20,232	11,420	18,230	MNR
Operating margin (%)	12.53	4.89	3.24	5.42	4.10
Net nonoperating income ($000s)	1,970	9,065	8,372	15,704	MNR
Excess income ($000s)	33,520	29,297	19,792	33,934	MNR
Excess margin (%)	13.21	6.93	5.49	9.63	6.40
Operating EBIDA margin (%)	17.72	11.30	10.23	11.97	11.00
EBIDA margin (%)	18.35	13.20	12.31	15.89	12.70

Table 2

Sarah Bush Lincoln Health System, Illinois -- Financial Statistics (cont.)

	--Six months ended Dec. 31--	--Fiscal year ended June 30--			--Medians for 'A+' rated stand-alone hospital-- A+
	2020	2020	2019	2018	2019
Net available for debt service ($000s)	46,591	55,828	44,384	55,992	89,524
Maximum annual debt service ($000s)	6,015	6,015	6,015	6,015	MNR
Maximum annual debt service coverage (x)	15.49	9.28	7.38	9.31	5.70
Operating lease-adjusted coverage (x)	14.98	8.96	7.13	9.07	4.30
Liquidity and financial flexibility					
Unrestricted reserves ($000s)	477,177	334,421	293,470	250,973	588,305
Unrestricted days' cash on hand	418.8	331.2	337.0	307.4	311.0
Unrestricted reserves/total long-term debt (%)	1,024.2	711.8	551.2	428.7	273.7
Unrestricted reserves/contingent liabilities (%)	1,024.2	711.8	665.5	506.0	971.0
Average age of plant (years)	N.A.	7.8	7.4	7.4	9.9
Capital expenditures/depreciation and amortization (%)	N.A.	129.4	105.9	163.2	115.3
Debt and liabilities					
Total long-term debt ($000s)	46,588	46,980	53,240	58,539	MNR
Long-term debt/capitalization (%)	7.6	8.7	10.3	11.8	19.9
Contingent liabilities ($000s)	46,588	46,980	44,097	49,599	MNR
Contingent liabilities/total long-term debt (%)	100.0	100.0	82.8	84.7	28.2
Debt burden (%)	1.18	1.42	1.67	1.71	2.30
Defined-benefit plan funded status (%)	N/A	N/A	N/A	N/A	81.9
Pro forma ratios					
Unrestricted reserves ($000s)	477,177	N/A	N/A	N/A	MNR
Total long-term debt ($000s)	81,588	N/A	N/A	N/A	MNR
Unrestricted days' cash on hand	418.8	N/A	N/A	N/A	MNR
Unrestricted reserves/total long-term debt (%)	584.7	N/A	N/A	N/A	MNR
Long-term debt/capitalization (%)	12.6	N/A	N/A	N/A	MNR
Miscellaneous					
Medicare advance payments ($000s)*	N/A	N/A	N/A	N/A	MNR
Short-term borrowings ($000s)*	N/A	N/A	N/A	N/A	MNR
CARES Act grants recognized ($000s)	9,599	6,348	N/A	N/A	MNR
Total net special funding ($000s)	3,311	6,068	10,048	10,048	MNR

*Excluded from unrestricted reserves, long-term debt, and contingent liabilities. N.A.--Not available. N/A--Not applicable. MNR--Median not reported.

Credit Snapshot

- Security pledge: N/A.
- Group rating methodology: Core.
- Organization description: Sarah Bush Lincoln Health System is the parent entity of the health center that operates a 128-bed acute-care facility in Mattoon, in east-central Illinois, approximately 50 miles south of Champaign. Other subsidiaries include a foundation and a captive insurance company. Our analysis is based on the entire system unless otherwise noted.

Related Research

- Through The ESG Lens 2.0: A Deeper Dive Into U.S. Public Finance Credit Factors, April 28, 2020

This report does not constitute a rating action.

#21-027

Sarah Bush Lincoln

Trusted Compassionate Care

August 6, 2021

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: Attachment 36 – Conditions of Debt Financing

Dear Ms. Avery,

The undersigned, as authorized representatives of Sarah Bush Lincoln Health Center and Sarah Bush Lincoln Health System, in accordance with 77 Ill. Adm. Code 1120.140, hereby attest to the following:

This project will be financed through the use of the following sources of funds: tax-exempt revenue bonds;

The selected form of debt financing for this project will be tax-exempt revenue bonds issued through the Illinois Finance Authority;

The selected form of debt financing for this project will be at the lowest net cost available to the co-applicants.

Signed and dated as of August 6, 2021

SUELLEN EBBERT
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
August 29, 2022

8-16-2021

Sarah Bush Lincoln Health Center
Sarah Bush Lincoln Health System
Illinois Not-for-Profit Corporations

By: _____

Title and Co-Applicant: PRESIDENT + CEO

By: _____

Title and Co-Applicant: CFO - V/P OF FINANCE

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Attachment 36

Section VIII.

1120.140 – Economic Feasibility

A. Reasonableness of Financing Arrangements

The applicants have an A+ bond rating from Standard & Poor's (April 2021); therefore, subsection (a) does not need to be addressed in the application.

B. Conditions of Debt Financing

See attestation letter included in Attachment 36.

C. Reasonableness of Project and Related Costs

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. $ (A x C)	Mod. $ (B x E)	
Medical surgical unit	$299.70	$299.70	6,395	N/A	3,870	N/A	$1,916,562	$1,159,872	$3,076,389
Intensive care unit	$330.23	$330.23	9,360	N/A	210	N/A	$3,090,955	$69,348	$3,160,303
Staff offices	$250.02	$250.02	565	N/A	3,290	N/A	$141,263	$822,579	$963,842
Staff lockers	$264.70	$264.70	80	N/A	172	N/A	$21,176	$45,528	$66,704
Clinical education and conference center	$376.88	$376.88	17,305	N/A	6,180	N/A	$6,521,881	$2,329,108	$8,850,989
Materials management	$234.26	-----	3,895	N/A	0	N/A	$912,443	-----	$912,443
Non-clinical common areas	$323.19	$323.19	3,000	N/A	3,002	N/A	$969,583	$970,229	$1,939,812
Mechanical, Electric/HVAC	$896.70	$896.70	3,826	N/A	287	N/A	$3,430,772	$257,353	$3,688,125
Contingency							$1,128,059	$431,941	$1,560,000
TOTALS	$408.15	$357.76	44,426	N/A	17,011	N/A	$18,132,693	$6,085,914	

D. Projected Operating Costs

E. Total Effect of the Project on Capital Costs

The table below provides information regarding costs as they relate to 121,019 equivalent patient days.

Line 5 of the table addresses criterion 1120.140(d), Projected Operating Costs

Line 4 of the table addresses criterion 1120.140(e), Total Effect of the Project on Capital Costs.

Review Criteria – Economic Feasibility		
1	Equivalent Patient Days (FY24 Projected)	121,019
2	Total Capital Cost (FY24 Projected)	$34,316,380
3	Total Operating Cost (FY24 Projected)	$416,837,800
4	Capital Cost per Equivalent Patient Day	$283.56
5	Operating Cost per Equivalent Patient Day	$3,444.40

Section IX. Safety Net Impact Statement

This project is non-substantive and does not propose to discontinue health care facilities; therefore, this criterion is not applicable.

Section X. Charity Care Information

1. The amount of charity care for the last 3 audited fiscal years for Sarah Bush Lincoln Health Center, the cost of charity care, and the ratio of that charity care cost to net patient revenue are presented below.

CHARITY CARE			
	FY2018	**FY2019**	**FY2020**
Net Patient Revenue	$261,723,470	$266,266,352	$299,018,317
Amount of Charity Care (charges)	$11,610,929	$11,571,483	$11,254,207
Cost of Charity Care	$2,101,472	$2,764,196	$2,766,833
Ratio of Charity Care to Net Patient Revenue (Based on Charges)	4.44%	4.35%	3.76%
Ratio of Charity Care to Net Patient Revenue (Based on Costs)	0.80%	1.04%	0.93%

2. This chart reports data for Sarah Bush Lincoln Health Center. The charity costs and patient revenue are only for Sarah Bush Lincoln Health Center and are not consolidated with any other entities that are part of Sarah Bush Lincoln Health System or any other entity.

3. Because Sarah Bush Lincoln Health Center is an existing facility, the data are reported for the latest three audited fiscal years.

SECTION XI -SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM

In accordance with Executive Order 2006-5 (EO 5), the Health Facilities & Services Review Board (HFSRB) must determine if the site of the CRITICAL FACILITY, as defined in EO 5, is located in a mapped floodplain (Special Flood Hazard Area) or a 500-year floodplain. All state agencies are required to ensure that before a permit, grant or a development is planned or promoted, the proposed project meets the requirements of the Executive Order, including compliance with the National Flood Insurance Program (NFIP) and state floodplain regulation.

1. Applicant: Sarah Bush Lincoln Health Center (Name) 1000 Health Center Drive (Address)
   Mattoon (City) IL (State) 61938 (ZIP Code) 217-258-2525 (Telephone Number)
2. Project Location: 1000 Health Center Drive (Address) Mattoon (City) IL (State)
   Coles (County) Lafayette (Township) 14 (Section)
3. You can create a small map of your site showing the FEMA floodplain mapping using the FEMA Map Service Center website (https://msc.fema.gov/portal/home) by entering the address for the property in the Search bar. If a map, like that shown on page 2 is shown, select the ***Go To NFHL Viewer*** tab above the map. You can print a copy of the floodplain map by selecting the  icon in the top corner of the page. Select the pin tool icon  and place a pin on your site. Print a FIRMETTE size image.

   If there is no digital floodplain map available select the **View/Print FIRM** icon above the aerial photo. You will then need to use the Zoom tools provided to locate the property on the map and use the **Make a FIRMette** tool to create a pdf of the floodplain map.

IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA: Yes___ No ___

IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN?

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, contact the county or the local community building or planning department for assistance.
If the determination is being made by a local official, please complete the following:

FIRM Panel Number: 17029C0300D Effective Date: 07/18/2011

Name of Official: Kevin McReynolds Title: Grants Compliance Manager

Business/Agency: Coles County Regional Planning Address: 651 Jackson Avenue Room 309

Charleston (City) IL (State) 61920 (ZIP Code) 217-348-0521 (Telephone Number)

Signature: Marsha E. Holdsworth Date: 07/27/2021

NOTE: This finding only means that the property in question is or is not in a Special Flood Hazard Area or a 500-year floodplain as designated on the map noted above. It does not constitute a guarantee that the property will or will not be flooded or be subject to local drainage problems.

If you need additional help, contact the Illinois Statewide Floodplain Program at 217/782-4428